

TEAM REGISTRATION FORM



Name of Team: _____

Team Jersey Colours: _____

Jumper	Given Name	Surname (inc. C & VC)	Date of Birth	Registered Club/School
1 L / H Prop				
2 Hooker				
3 T / H Prop				
4 Halfback				
5 Fly Half				
6 Centre				
7 Wing/Fullback				
8 Utility				
9 Utility				
10 Utility				
11 Utility				
12 Utility				
			MyRugby ID#	Coaching Qualifications
Coach				
Asst Coach				
Team Mgr				
Physio				

Team Management Nominee: _____ Sign: _____ Date: _____