



Illawarra Churches Soccer Association Registration Form

Year / Season	
Club	
Player FULL Name	
Postal Address	Post Code
Date of Birth	
Home Phone	
Mobile Phone	
Email Address	
Are you currently under suspension or registered with any other association?	Yes / No

- I hereby apply to play as an amateur player in the Illawarra Churches Soccer Association.
- I agree to abide by the constitution, rules and regulations of this association.

Players Name _____ **Signature:** _____ **Date:** _____

Guardian
(if under 18) _____ **Signature:** _____ **Date:** _____

Team Official: _____ **Signature:** _____ **Date:** _____

Do you wish to try out for the **Illawarra Representative Team**, which typically play a one off game against Newcastle (steel cities challenge) and against NSW country teams during the June long weekend. – Please Circle

Yes No

Please post with player fee to: **ICSA PO Box 560, Wollongong East, NSW AUSTRALIA, 2520**
