



EISM 5-A-SIDE SOCCER TOURNAMENT

Team Nomination Form

School:		Team:	SENIOR JUNIOR
Coach:		<i>Circle correct options</i>	BOYS GIRLS
Mobile:		Email:	

Top No.#	First Name	Surname

Signature: _____

Date: _____

Please submit this form before 9.15am on the Event Day to the attending EISM Representative.