

FORM # 7 - TEAM LIST    SPORT: \_\_\_\_\_    GENDER: \_\_\_\_\_    AGE GROUP: \_\_\_\_\_

No	First Name	Surname	D.O.B.	School	Postal Address (incl town)	Home Email Address (NO student / school emails)	Contact Phone
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Shadows							

COACH: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ MANAGER: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

TRAINER (if applicable): \_\_\_\_\_ SCHOOL \_\_\_\_\_

RETURN THIS FORM IMMEDIATELY FOLLOWING REGIONAL TRIALS TO THE DD SCHOOL SPORTS OFFICE  
 Ensure list is typed & emailed to - [admin@ddschoolsport.eq.edu.au](mailto:admin@ddschoolsport.eq.edu.au)