

FINAL ENTRY FORM

FEDERATION: _____

 ADDRESS: _____

TELEPHONE: _____ FAX: _____

CONTACT PERSON: _____

E-MAIL: _____

PLAYER INFORMATION

CAP NUMBER	LAST NAME	FIRST NAME	NATIONALITY	PASSPORT NUMBER
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

TEAM OFFICIAL INFORMATION

ROLE	LAST NAME	FIRST NAME	NATIONALITY	PASSPORT NUMBER

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

 PLEASE RETURN BY 22 MARCH, 2017 TO NOEL.HARROD@WATERPOLOAUSTRALIA.COM.AU