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GOLDEN HORSESHOE TOUCH FOOTBALL ASSOCIATION

TEAM REGISTRATION FORM

TEAM NAME	
LAST TEAM NAME	

Team Represenatives

Name 1		Name 2	
Address 1		Address 2	
Address 1		Address 2	
Postal Code 1		Postal Code 2	
Home Phone 1		Home Phone 2	
Work Phone 1		Work Phone 2	
Fax1 - Optional		Fax 2 - Optional	
EMail1		EMail2	

AGGREEMENT - CONTRACT

ON BEHALF OF THE _____TOUCH FOOTBALL TEAM IN THE GHTFA, I SIGN THIS AGREEMENT CONTRACT PROMISING TO ABIDE BY, AND GO ALONG WITH THE GHTFA CONSTITUTION, AND ALL OF IT'S BYLAWS.

Team Rep Signture			
Date		GHTFA EXECUTIVE WITNESS	

Special Scheduling Request, tournaments dates and no of games to skip etc.....
Please enter in attached email or on back of form.