



AFL Masters NSW

Player Registration Form

Club: _____

Surname: _____ **First Name:** _____

Address: _____

Post Code: _____

Phone (Home): _____ **Fax:** _____

Phone (Business): _____ **Fax:** _____

Mobile: _____

Email: _____

Date of Birth: ____ / ____ / ____ **Drivers Licence No.:** _____

I declare that I have obtained a copy of the match rules and agree to play AFL Masters – Superules Football according to these conditions and associated penalties.

Signed: _____
(player)

Signed: _____
(Club Official)

Name: _____

Date: ____ / ____ / ____