

# Team Entry Form

Team Name:
Former Name (if any):
Division: (1,2,3)

Team Captain:
Address:
Phone:
E-mail:

Team Secretary:
Address:
Phone:
E-mail:

KILCOCK OPEN 16 <sup>TH</sup> /17 <sup>TH</sup> JULY 2011	
ENTRY FEE €100	

I (**print**) ..... as Captain of the above mentioned team agree on behalf of all the team members to be bound by all of the rules of the ICF.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

All entries must be received by post to the Competition Organisers representative: PATRICIA MCCORMACK, GRAGADDER, KILCOCK, CO. KILDARE Competition Organiser's Mobile Number: 0035387-6450544

**Closing Date:**

**WEDNESDAY 13th JULY 2011**

Competitions Team Entry Form  
**Team Player's List 2011:**

*KILCOCK OPEN 16<sup>th</sup>/17<sup>th</sup> JULY 2011*

**Team Name:** \_\_\_\_\_

**Club:** \_\_\_\_\_

**Division:** \_\_\_\_\_

**Competition:** *KILCOCK OPEN*

**Team Colours:** Buoyancy Aids: \_\_\_\_\_  
Shirts: \_\_\_\_\_  
Helmets: \_\_\_\_\_  
Boats: \_\_\_\_\_

<b>Player's Name</b> (Please Print clearly)	<b>Player's Number (on buoyancy aid, or bib)</b>	<b>ICU Number</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

**Please note:**

**Rule 47.1:** All teams must have the same coloured buoyancy aids or bibs each clearly numbered, and helmets. **Teams failing to wear numbered buoyancy aids or bibs in a match will forfeit one penalty point for every game played.**