

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:

INVITATION TO KILCOCK OPEN	
17 TH /18 TH JULY 2010	

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: GILLIAN DEVLIN,
1269 HIGHFIELD PARK, KILCOCK, CO. KILDARE Competition Organiser's Mobile
Number: 0035387-6390473

Closing Date:

MONDAY 12TH JULY 2010

Team Name: _____

Club: _____

Division: _____

Competition: *KILCOCK OPEN*

Team Colours: Buoyancy Aids: _____
Shirts: _____
Helmets: _____
Boats: _____

Player's Name (Please Print clearly)	Player's Number (on buoyancy aid, or bib)	ICU Number
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.**