



OCTOBER 23-25, 2009
Friday, Saturday, and Sunday

WATCH TOMORROW'S CHAMPS PLAY TODAY!

REGISTRATION FORM

Registration and participation to the Mosman Cup 2009 is **FREE**. Please complete this form and fax back to 811-21-82 or e-mail back to lgplacido@mosmancup.com, jsguinto@mosmancup.com, or jena@mosmancup.com.

Further details will be issued nearer the time.

We wish to enter a team/s in the Mosman Cup 2009 Six-a-Side Tournament

| | BOYS' TEAM | | GIRLS' TEAM | | | |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|--------------|--|
| 16 and Under Team | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| Players must be 16 years or younger before 31st December 2008 | | | | | | |
| 14 and Under Team | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| Players must be 14 years or younger before 31st December 2008 | | | | | | |
| 12 and under Team | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| Players must be 12 years or younger before 31st December 2008 | | | | | | |
| 10 and Under Team | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| Players must be 10 years or younger before 31st December 2008 | | | | | | |
| 8 and Under Team | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | MIXED | |
| Players must be 8 years or younger before 31st December 2008. | | | | | | |

| | |
|--------------------------|------------|
| Name of the club/school: | |
| Address: | |
| | |
| Contact Person: | |
| | |
| Phone: | Cellphone: |
| Fax: | Email: |

Insurance Cover Waiver

Mosman Communications, Inc. and the Nomad Sports Club assume no responsibility for injuries and ailments which may occur before, during, or after the tournament. Insurance coverage against Bodily Injury or Property Loss or Damage is a private matter of each participant and every player automatically agrees and accepts our rules and regulations as stipulated.

This is to confirm that the above information is true and correct

Team Captain: _____ **Signature:** _____

Mosman Communications, Inc.
5th Floor King's Court II Building
2129 Don Chino Roces Avenue
Makati City 1231, Philippines
Telephone Numbers: 811-2206 to 10



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The Mosman Cup Souvenir Program will allocate one page for your team. We would appreciate if you can provide the following information on or before September 1, 2009. Team photographs should be in high resolution (at least 150 dpi) and in jpeg or tiff format.

Kindly send the soft file or hard copies to:

Louie Placido • Jubai Guinto
Mosman Communications, Inc.
5th Floor King's Court II, 2129 Chino Roces Avenue, Makati City 1231
Tel.: 8112206 to 10 • Fax: 8112182

Thank you very much.

**Boys' Team 16
and Under**

Name _____
Nationality _____
Position _____
Jersey No. _____

Name _____
Nationality _____
Position _____
Jersey No. _____

Reserves

Name _____
Nationality _____
Position _____
Jersey No. _____

Name _____
Nationality _____
Position _____
Jersey No. _____

**Boys' Team 14
and Under**

Reserves

**Boys' Team 12
and Under**

Reserves

**Boys' Team 10
and Under**

Reserves

**Boys' Team 8
and Under**

Reserves
