Team Declaration List

Team Name: . . . . . .

Gala Date: . . . . . Venue: . . . . . Round: . . .

This form needs to be submitted before the start of the gala. Age on Day of Round 4 (04/04/2009)

9 & Under age group			
Male		Female	
Name	Date of Birth	Name	Date of Birth
10 year age group			
Male		Female	
Name	Date of Birth	Name	Date of Birth

Team: . . . . . (continued)

11 year age group			
Male		Female	
Name	Date of Birth	Name	Date of Birth

12 year age group			
Male		Female	
Name	Date of Birth	Name	Date of Birth