

TEAM NOMINATION

Match: HKCA _____ League / Cup*

Team	
Date	
Venue	

S/N	FULL NAME	HKCA Registered	AGE (if U19)	Remarks (Shirt No.)
1		Yes / No*		Capt.
2		Yes / No*		W/K
3		Yes / No*		
4		Yes / No*		
5		Yes / No*		
6		Yes / No*		
7		Yes / No*		
8		Yes / No*		
9		Yes / No*		
10		Yes / No*		
11		Yes / No*		
12		Yes / No*		
13		Yes / No*		
14		Yes / No*		
15		Yes / No*		
16		Yes / No*		
17		Yes / No*		
18		Yes / No*		
19		Yes / No*		
20		Yes / No*		
21		Yes / No*		
22		Yes / No*		
23		Yes / No*		
24		Yes / No*		
TEAM CAPTAIN / MANAGER*		MATCH REFEREE / UMPIRE*		
Name:		Name:		
Signature:		Signature:		

[To be completed in duplicate]

* Delete as appropriate