



TIGER TOUCH REGISTRATION FORM

Player's Name: _____

Mobile: _____

Email: _____

DOB: _____

U6/7 U8/9 U10-12 U13-15 U16 - Open

Joining a team? Y / N Team Name.....

PAYMENT DETAILS

Credit Card Number: (Visa / Mastercard Only)

Expiry Date: CVV:

Please return completed form to Erin Toohey, rugbyadmin@eaststigers.com
no later than Friday 4th October 2019. A receipt will be emailed.

Competition Dates: Friday 11th October to Friday 20th November
Game Times: 5.00pm to 8.00pm (2 x 20 minute games per team per night)
All Individuals will be placed in a team.

**\$80
per
player**