2018 Metro Cup
PREMIER GRADE SQUAD LIST

CLUB/AFFILIATE :

_____ MENS / WOMENS

PLAYERS NAME	HIGHEST REP HONOURS	SIGNATURE

Club Representative signature required to authorise all information supplied is true and correct.
*Name-*_____

Signature _____

Players who have signed this list agree to commit to this club and will required a release if they wish to change clubs.
This form must be completed and submitted with the Club's team nomination.