



WOMEN'S 6-A-SIDE SOCCER CARNIVAL NOMINATION FORM

SATURDAY, 18 APRIL 2026
Sarina Saints Football Club, Biltoft Street, Sarina

Team Name:				
Please circle which competition you're nominating for: COMPETITIVE or SOCIAL				
	First Name	Surname	FFA # (if applicable)	IF NO FFA # D.O.B Required
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

For players who do not have an FFA #, you are required to register via the Squadi App (a Social Registration Fee of \$20 will apply to cover Insurances). Players must register by 10 April 2026.

Team Contact: _____ Mobile: _____

Email: _____

NOMINATIONS: \$100 per Team (FORMS & FEES) DUE: 10 April 2026

Sarina Saints FC: BSB 633 000 Account #: 137 095 212

(please use Team Name as Reference)

Please email all Nomination Forms to: saintswomenscarnival@gmail.com