

Coaching and Manager Details



**JUNIOR STATE CUP
NORTH**

Affiliate	
-----------	--

Team Division	First Name	Last Name	Manager Yes/No	Coaching Qualification <small>*please leave manager blank</small>	Date completed	Mobile Number
<i>E.g. Girls 12</i>	<i>Ohn</i>	<i>Phantom</i>	<i>No</i>	<i>Foundation Coach</i>	<i>31/01/2023</i>	<i>0411 222 444</i>

As per COE, all coaches accreditations are to be listed along with manager's contact details for each nominated team.

Please note that managers details are required on this form, please leave coaching qualifications blank.

Proudly supported by

