

# QUEENSLAND TOUCH FOOTBALL AFFILIATE TEAM DECLARATION



TEAM NOMINATION		EVENT: 2024 QUEENSLAND STATE CUP	
<b>AFFILIATE:</b>		<b>GENDER:</b>	<input type="checkbox"/> MEN <input type="checkbox"/> WOMEN <input type="checkbox"/> MIXED
<b>TEAM NAME:</b>		<b>DIVISION:</b>	
	<i>Add team name: Affiliate + number/colour</i>		<i>Select Division from the dropdown</i>

**TEAM PLAYERS & ELIGIBILITY\*** Player is registered for Previous or Current Season in MySideline, as per COE;  
 Player has meet **eligibility** criteria of **minimum 5 Games** in Season; as per COE;  
 Player is **eligibility** to participate in Age Division, as per COE.

FIRST NAME	SURNAME	DATE OF BIRTH <small>Affiliate has checked age eligibility against DOB</small>	NRL ID <small>Must match the eligibility</small>	AFFILIATE ELIGIBILITY <small>Player must be registered in MySideline to eligible Affiliate, Season, Age Group &amp; Game eligibility</small>	S1 2024	S2 2024	Min 5 games played	Player Pool Request
1.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Officials & Referee	FIRST NAME	SURNAME	ACCRED	AFFILIATE
<b>Coach</b>				
<b>Assistant Coach</b>				
<b>Manager</b>				
<b>Nominated Referee</b>				

**TEAM DECLARATION FORMS**  
 Completed Forms need to be returned with signed Entity Declaration by Monday, 14 October 2024 to:  
 Lauren Avsec, QTF Events Coordinator  
 M. 0413 994 773 E. [events@qldtouch.com.au](mailto:events@qldtouch.com.au)

**TEAM NOMINATION**  
 Team Nominations open Friday 16 August 2024  
 Nomination Fee is \$150.00 (GST inclusive) per team  
 This fee is non-refundable after **Monday 14 October 2024**  
**NB: QTF takes no responsibility for teams nominated without required eligibility checks by Affiliate**

UNITE. INSPIRE. GROW.



## QUEENSLAND TOUCH FOOTBALL

### ENTITY DECLARATION

I, \_\_\_\_\_

of \_\_\_\_\_

as a nominated representative of \_\_\_\_\_ Touch Association, do solemnly and sincerely

declare that:

Each individual listed on the Team Registration Form; including players, officials and nominated referees of the Touch Association are registered and eligible to compete in their Division in accordance with the [QTF General Conditions](#) and [Queensland State Cup Conditions of Entry](#) requirements.

All registered participants will abide by the relevant Conditions of Entry and event requirements and if they fail to do so, agree to the penalties outlined in the Conditions of Entry.

#### Affiliate Coordinator declaration

\_\_\_\_\_

[insert full name]

\_\_\_\_\_

[signature]

\_\_\_\_\_

[date]