

QUEENSLAND TOUCH FOOTBALL AFFILIATE TEAM DECLARATION



TEAM NOMINATION		EVENT: 2025 QUEENSLAND STATE CUP	
AFFILIATE:		GENDER:	<input type="checkbox"/> MEN <input type="checkbox"/> WOMEN <input type="checkbox"/> MIXED
TEAM NAME:		DIVISION:	
	<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>	Registered Affiliate <small>Player must be registered in MySideline to eligible Affiliate, Season, Age Group & Game eligibility</small>	S1 2025	S2 2025	Min 5 games played	Player Loan 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
Coach				
Assistant Coach				
Manager				
Nominated Referee				

TEAM DECLARATION FORMS
 Completed Forms need to be returned with signed Entity Declaration by Monday, 6 October 2025 to:
 Mitch Henningsen, QTF Events and Competitions
 Coordinator
 M. 0423 823 700 E. events@qldtouch.com.au

TEAM NOMINATION
 Team Nominations open Monday, 11 August 2025
 Nomination Fee is TBC (GST inclusive) per team
 This fee is non-refundable after **Monday, 6 October 2025**
NB: QTF takes no responsibility for teams nominated without required eligibility checks by Affiliate

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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]