****

**Team Entry Form**

|  |  |
| --- | --- |
| **Team Name** |  |

The Completed Team Entry Form must be submitted to the CIL HIL Competitions Director (by email) and must be received by no later than **05 JANUARY 2017.** Teams may name up to 20 players on the Form of whom up to 8 can be overseas players. The list must show the shirt number the player will wear throughout the CIL HIL season, which must be between 1 and 32.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shirt No**  (1-32) | **Family Name** | | **First Name** | | **Position**  (GK/D/M/F) | | **Date of Birth**  (DD/MM/YY) | **Nationality** |
|  |  | |  | |  | |  |  |
|  |  | |  | |  | |  |  |
|  |  | |  | |  | |  |  |
|  |  | |  | |  | |  |  |
|  |  | |  | |  | |  |  |
|  |  | |  | |  | |  |  |
|  |  | |  | |  | |  |  |
|  |  | |  | |  | |  |  |
|  |  | |  | |  | |  |  |
|  |  | |  | |  | |  |  |
|  |  | |  | |  | |  |  |
|  |  | |  | |  | |  |  |
|  |  | |  | |  | |  |  |
|  |  | |  | |  | |  |  |
|  |  | |  | |  | |  |  |
|  |  | |  | |  | |  |  |
|  |  | |  | |  | |  |  |
|  |  | |  | |  | |  |  |
|  |  | |  | |  | |  |  |
|  |  | |  | |  | |  |  |
| **Team Official** | | **Officials Full Name** | | **Team Official** | | **Officials Full Name** | | |
| **Team Manager:** | |  | | **Assistant Coach:** | |  | | |
| **Stand-in Manager:** | |  | | **Trainer:** | |  | | |
| **Head Coach:** | |  | | **Physiotherapist:** | |  | | |
| **Assistant Coach:** | |  | | **Medical Doctor:** | |  | | |
| **Team Colours - 1st choice (must be 80% single colour per item)** | | | | **Team Colours - 2nd choice** | | | | |
| **Shirt:** | |  | | **Shirt:** | |  | | |
| **Shorts:** | |  | | **Shorts:** | |  | | |
| **Socks:** | |  | | **Socks:** | |  | | |
| **GK Shirt:** | |  | | **GK Shirt:** | |  | | |
| **FRANCHISE CERTIFICATE:** We certify that the above players and team officials are selected and eligible to represent our team in accordance with the current HIL Regulations. | | | | | | | | |
| **Franchise:** | |  | | **Name:** | |  | | |
| **Signed:** | |  | | **Date:** | |  | | |