



# Bear Cub Team Request

Grade: Under 5. 6. (circle the appropriate age)

This form must be returned via email to [bearcubsu5-u8@whsc.com.au](mailto:bearcubsu5-u8@whsc.com.au)

Forms that are not complete, will not be considered. Closing date can be found at <https://whfc.com.au/youth/>

Player Name	FFA#	D.O.B.	Phone	Date registered
e.g. Bob James	891236	12/03/97	0414 141 414	01/01/19

Coach Name: \_\_\_\_\_

Coach Phone: \_\_\_\_\_

WWC # \_\_\_\_\_ Expiry: \_\_\_\_\_

FFA # \_\_\_\_\_

Coach Email: \_\_\_\_\_

Manager Name: \_\_\_\_\_

Manager Phone: \_\_\_\_\_

WWC # \_\_\_\_\_ Expiry: \_\_\_\_\_

FFA # \_\_\_\_\_

Manager Email: \_\_\_\_\_