



# 2025 Bear Cub Team Request

Grade: Under 7. 8. (circle the appropriate age)

This form must be returned via email to [bearcubsu5-u8@whsc.com.au](mailto:bearcubsu5-u8@whsc.com.au) no later than 10th Feb 2025.  
Forms that are not complete, will not be considered.

Player Name	FFA#	D.O.B.	Phone	Date registered
Bob James	891236	12/03/18	0414 141 414	01/01/25

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

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

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

Expiry Date: \_\_\_\_\_

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

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

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

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

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

Expiry Date: \_\_\_\_\_

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

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