

**THE MIDDLESEX 7s 2024: TEAM REGISTRATION FORM**

**Please populate in ink/type in advance of the day and return to or populate on the day and return to Competition Management as part of the registration process.**

 **TEAM…………………………………………………………………………**

 **COMPETITION ENTERED (OPEN/SOCIAL) …………………………………………………………….**

 **SQUAD:**

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| --- | --- | --- | --- |
| **Name**  | **D.O.B (Date of Birth)** | **Front Row Eligible (Y/N)** | **ADDITIONAL DETAILS\*** |
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\*Please include any specific needs, requirements any squad member may have that may be of relevance to the success of the day (medical, dietary etc).

On behalf of the above, we pledge to uphold the values of the tournament and rugby and take part in The Middlesex Sevens in good faith. We understand failure to uphold these could result in expulsion from the competition.

 NAME…………………………………………………………………………………………………………………………

 CLUB…………………………………………………………………………………………………………………………..

 POSITION WITHIN CLUB………………………………………………………………………………………………