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Purple Armband Games

Sports Community Form

Name of your club/association:	
Contact person:	
Phone:	
Fax:	
E-mail:	
Address to send purple armbands to:	
Dates of your sports community's Purple Armband Games:	
Grounds/ovals at which your sports community will be holding the Purple Armband Games:	
Competitions in which your club's teams will be participating in when they wear the purple armbands:	

Please indicate which teams will be wearing the purple armbands.

Teams:	Indicate if participating	Estimated number (of teams):
Senior men's		
Senior women's		
Under 18 boys		
Under 18 girls		
Under 17 boys		
Under 17 girls		
Under 16 boys		
Under 16 girls		
Under 15 boys		
Under 15 girls		
Under 14 boys		
Under 14 girls		
Visiting teams		
Other teams		

If available, name/s of visiting team/s to wear the purple armbands:

Indicate other persons who will be wearing the purple armbands.

Person:	Indicate if participating	Estimate number (of people):
Game officials		
Coaches/team support		
Club officials		
Volunteers		
Supporters/parents		
Other:		

Please return this form to *[where]* by *[date]*

Thank you for your support.

Look forward to receiving your purple armbands
and promotional materials shortly.

For more information, or to download
Purple Armband Games resources, visit www.purplearmbandgames.org
(to come on-line in June)

