



# 2009/2010 SEASON TEAM NOMINATION FORM



Team Name: \_\_\_\_\_ Centre: \_\_\_\_\_ Age Group: \_\_\_\_\_ Night: \_\_\_\_\_

Team Contact 1: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Team Contact 2: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Email: \_\_\_\_\_

	NAME	SURNAME	D.O.B	ADDRESS	SUBURB	POST CODE	HOME	MOBILE	REGO NUMBER
1									
2									
3									
4									
5									
6									
7									
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9									
10									
11									
12									



Team Nomination Fee Payment: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Used: \_\_\_\_\_

Signature: \_\_\_\_\_