TEAM NOMINATION FORM

Team Name:_____

Sport: **Grade:**

Season:

Team Preferences: 5.30 ( ) 6pm ( ) 6.30pm ( ) 7pm ( ) 7.30 ( ) 8pm ( ) 8.30 ( ) 9pm ( ) 9.30 ( )

Please mark your preferred times with number 1 being the best thru to number 7. Please note that there will be times when your team will have to play in a time slot that is not convenient. We will endeavour to do our best, however you do need to be responsible & organize alternative players when needed. Forfeit Fines WILL apply.

	Name	Home Phone	Business Phone
New☐		(H)_____	(B) _____
		Email_____	(M)
		_____	Postcode_____
New☐		(H)_____	(B) _____
		Email_____	(M)
		_____	Postcode_____
New☐		(H)_____	(B) _____
		Email_____	(M)
		_____	Postcode_____
New☐		(H)_____	(B) _____
		Email_____	(M)
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New☐		(H)_____	(B) _____
		Email_____	(M)
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New☐		(H)_____	(B) _____
		Email_____	(M)
		_____	Postcode_____
New☐		(H)_____	(B) _____
		Email_____	(M)
		_____	Postcode_____
New☐		(H)_____	(B) _____
		Email_____	(M)
		_____	Postcode_____
New☐		(H)_____	(B) _____
		Email_____	(M)
		_____	Postcode_____