



TEAM NOMINATION FORM

PLEASE NOTE THAT ANY NOMINATIONS FROM TEAM/S OR MEMBERS FOR THE PREVIOUS SEASON WHO ARE NOT FINANCIAL WILL NOT BE ACCEPTED UNTIL ALL OUTSTANDING FEES ARE PAID IN FULL.

TEAM NAME:

VENUE:

VENUE ADDRESS:

VENUE Phone No: Fax No:

GRADE OF PLAY:

Team Members	Address	Contact Number
1. (Captain)		
2.		
3.		
4.		
5.		
6.		

(Please Tick Box for the Captains No. to be put on the web site as a contact point)

.....
Captain's Signature

...../...../.....
Date