



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 <input type="checkbox"/>	(H) _____ Email _____	(B) _____ (M) _____ Postcode _____
New <input type="checkbox"/>	(H) _____ Email _____	(B) _____ (M) _____ Postcode _____
New <input type="checkbox"/>	(H) _____ Email _____	(B) _____ (M) _____ Postcode _____
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