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SINGLE PLAYER NOMINATION FORM

NETBALL

- MEN'S
- MIXED
- WOMEN'S
- DAYTIME

CRICKET

- MEN'S
- MIXED
- 6 a SIDE

SOCCER

- MEN'S
- MIXED
- WOMEN'S

JUNIORS

- NETBALL
- SOCCER
- CRICKET

SEASONS: Feb – Jun Jun - Oct Oct – Feb

NAME: _____

CONTACT: (h) _____ (w) _____ (m) _____

EMAIL: _____

NIGHT PREFERENCE

COMMENTS (experience/grade)

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

How did you hear about Ozsports? *(please tick)*

Radio
 Local paper
 Drive past
 Yellow Pages
 Facebook
 Friend
 Playing

I HAVE READ AND ACCEPT THE CONDITIONS OF NOMINATIONS as listed on the reverse of this form.

Players/Parents Signature _____

Date: _____

----- **Office Use Only** -----

BOND: Paid / Rolled
 \$.....
 RECEIPT #: _____
 DATE: _____
 STAFF: _____

- Nomination Accepted
- Waiting List
- Details Entered
- Team Card Issued
- To Start Week

Team No.	
Grading Game arranged	
Date:	Time:
Confirmed:	Staff: