

Blackwood Community Recreation Association Inc.

1 Northcote Rd. Eden Hills 5050

Postal Address: PO Box 274 BLACKWOOD 5051

Ph. 8278 8833 Fax: 82784035 email: blackwoodrec@esc.net.au

Manager: Margaret Cuthbertson

TEAM SPORT NOMINATION FORM

Senior: Netball, Basketball, Soccer, Volleyball & Inline Hockey

2011

Nomination Due:- __asap_____ New Season begins: 10/10/11

ACTIVITY REQUIRED

Men's Basketball		Thursday Evening	
Women's Basketball		Thursday Evening	Friday Morning
Women's Day Netball		Monday Morning	Thursday Morning
Women's Night Netball		Monday Evening	Wednesday Evening
Mixed Netball		Sunday Evening	
Indoor Soccer Rebound		Monday Evening	Tuesday Evening
Indoor Soccer Futsal		Tuesday Evening	
Volleyball		Wednesday Evening	
Inline Hockey		Sunday Daytime	

GRADE REQUIRED

A

B

C

TEAM NAME AND CONTACT DETAILS

TEAM NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

_____ PC _____

HOME PHONE: _____ WORK PHONE: _____

MOBILE: _____

EMAIL: _____

ALTERNATE CONTACT: _____

HOME PHONE: _____ WORK PHONE: _____

MOBILE: _____ EMAIL: _____

TEAM UNIFORM DETAILS AND COLOURS

Tops Primary Colour: _____

Shorts/Skirt Primary Colour: _____

Colour of Numbers (if applicable): _____

TEAM PLAYER LIST

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

9. _____ 10. _____

REQUEST FOR SPECIAL CONSIDERATION

Please list any reason for special consideration. We cannot guarantee requests will be fulfilled however we will give our genuine consideration. Please provide as much detail as possible.

DECLARATION

On behalf of the afore mentioned team, I declare that we will participate in all matches programmed for the season, and undertake to honour any fines imposed as a result of this teams causing a match to forfeit. (i.e. double match fee). The team is responsible for all their players and will pay game fees as designated and accept any penalty for late or non payment of prescribed game fees. I agree to "Play by the Rules" code of conduct and the Centre bylaws.

Signature of team contact: _____ Date: _____

This nomination may not be accepted unless correctly filled in, signed and accompanied by the appropriate nomination fee/bond..

Teams with outstanding fees will **not** be accepted into the next season.

Game Fee: \$ _____ / _____ Nomination Fee: \$ _____ / team

OFFICE USE ONLY

Staff Signature: _____ Date: _____

Register Validation: