



TEAM NOMINATION FORM
SHARON FINNAN DEVELOPMENT CUP
Junior/Senior Carnival
SATURDAY 22nd and SUNDAY 23rd JULY 2017



Team: _____

Team Contact: _____

Phone: _____

Email: _____

Coach: _____ Blue Card No.: _____ Blue Card Expiry: _____

Carnival divisions: Please circle relevant one.									
Junior:	10/U	11/U	12/U	13/U	14/U	DIV 3	DIV 2	DIV 1	
Senior:	MIXED		MASTERS		DIV 3		DIV 2		DIV 1

ALL TEAMS MUST SUPPLY AN UMPIRE WHO IS OF A REASONABLE STANDARD.

Team Nomination Forms will **not** be accepted without Umpire details. If you need an umpire supplied please email admin@cairnsnetball.net.au please note that this will be an added cost.

NOMINATED UMPIRE: _____ QUAL: _____

	NAME	D.O.B.	Office Use Only
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Eligibility: Each team can include up to 3 non- Aboriginal and/or Torres Strait Islander players.

Must have 6 teams to make a division, money will be refunded if insufficient teams nominate.

Games will commence: TO BE CONFIRMED ONCE DRAW IS COMPLETE.

CLOSING DATE: 12th JULY 2017. FORM & FEE TO Cairns Netball Association: admin@cairnsnetball.net.au

TEAM NOMINATION FEE: \$100.00. Proof of bank deposit must be attached to nomination form/s.

BSB 014577 Acct No 296846274 Cairns Netball Association Inc

NO LATE REGISTRATIONS will be accepted.

NOMINATIONS CLOSE 5PM 12th JULY 2017

Office use only: AMT PAID: \$ _____ REC. NO: _____ DATE: ____/____/____



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