



JUNIOR TEAM NOMINATION FORM

Team name: _____ Team Uniform Colours: _____

Competition nominating for: _____ Division nomination (if applicable) _____

(e.g. High School Boys', Primary Girls', Women's, Men's)

Team Contact/ Manager: _____

Team Contact/Manager's Email contact: _____

Players Name	Is Player YES <input checked="" type="checkbox"/>	Regist ered? NO * <input checked="" type="checkbox"/>	Phone – Home &/or Mobile	Email
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

**** Compulsory for Junior Team Nomination -**

1. Score table duty: names
2. Team contact joins the Junior Committee: Name

**** Encouraged and needed:**

1. A nominated Court control person: names
2. Nominate for Junior Competition: name
- or Junior Development Committee: name
- or Referee Committee: name.....
- or Fundraising Committee: name.....
- or Supporting your over 12 child to train as a referee