

CABOOLTURE SPORTS SOFTBALL ASSOCIATION

REP. OFFICIAL NOMINATION - 2018



This form shall be completed when nominating for a Representative Official position with the Caboolture Sports Softball Association. Nominations will only be accepted from persons registered with Caboolture as their Home Association. Information provided will be treated confidentially

SURNAME: CHRISTIAN NAME:.....

ADDRESS:

EMAIL:

PHONE: (H) (w).....

CLUB: GRADE:.....

Please select the position you wish to nominate by placing a ✓ in the box provided

COACH (Expiry Date) **ASSIST COACH** (Expiry Date)

Level 2 required

STATISTICIAN - Level **MANAGER** **UMPIRE**

Level 3 required

Please select the team you wish to nominate by placing a ✓ in the box provided

UNDER 15 GIRLS	SUNCOAST H'LAND	5-7 MAY	<input type="checkbox"/>
UNDER 15 BOYS	SOUTH BRISBANE	5-7 MAY	<input type="checkbox"/>
QLD CUP/OPEN WOMENS	REDCLIFFE	7-9 SEPTEMBER	<input type="checkbox"/>
UNDER 17 GIRLS	CABOOLTURE	22-24 SEPTEMBER	<input type="checkbox"/>
UNDER 17 BOYS	MACKAY	22-24 SEPTEMBER	<input type="checkbox"/>
UNDER 19 WOMENS	FNQ(Cairns)	5-7 OCTOBER	<input type="checkbox"/>
UNDER 19 MENS	NOOSA	5-7 OCTOBER	<input type="checkbox"/>
QLD CUP/OPEN MENS	ROCKHAMPTON	19-21 OCTOBER	<input type="checkbox"/>

SIGNED: DATE:

Parent/Guardian signature if nominee under 18 year old :