



CABOOLTURE SPORTS SOFTBALL ASSOCIATION

REP. OFFICIAL NOMINATION - 2019



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 14 GIRLS	SUNCOAST H'LAND	6-8 APRIL	<input type="checkbox"/>
UNDER 14 BOYS	NOOSA	6-8 APRIL	<input type="checkbox"/>
QLD CUP/OPEN WOMENS	IPSWICH	6-8 SEPTEMBER	<input type="checkbox"/>
UNDER 16 GIRLS	BRISBANE	21-23 SEPTEMBER	<input type="checkbox"/>
UNDER 16 BOYS	MACKAY	21-23 SEPTEMBER	<input type="checkbox"/>
UNDER 18 WOMENS	FNQ(Cairns)	4-6 OCTOBER	<input type="checkbox"/>
UNDER 18 MENS	TOOWOOMBA	4-6 OCTOBER	<input type="checkbox"/>
QLD CUP/OPEN MENS	REDLANDS	18-20 OCTOBER	<input type="checkbox"/>

SIGNED: DATE:

Parent/Guardian signature if nominee under 18 year old :