

# CABOOLTURE SPORTS SOFTBALL ASSOCIATION



## REP. OFFICIAL NOMINATION - 2020



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	IPSWICH	4 - 6 APRIL	<input type="checkbox"/>
UNDER 14 BOYS	SOUTH BRISBANE	4 - 6 APRIL	<input type="checkbox"/>
QLD CUP/OPEN MEN	REDCLIFFE	4 - 6 SEPTEMBER	<input type="checkbox"/>
UNDER 16 GIRLS	NOOSA	19 - 21 SEPTEMBER	<input type="checkbox"/>
UNDER 16 BOYS	HERVEY BAY	19 - 21 SEPTEMBER	<input type="checkbox"/>
UNDER 18 WOMENS	TOOWOOMBA	2 - 4 OCTOBER	<input type="checkbox"/>
UNDER 18 MENS	TOOWOOMBA	2 - 4 OCTOBER	<input type="checkbox"/>
QLD CUP/OPEN WOMEN	ROCKHAMPTON	16 - 18 OCTOBER	<input type="checkbox"/>

SIGNED: ..... DATE: .....

Parent/Guardian signature if nominee under 18 year old : .....