

TEAM NOMINATION FORM

For our records, please print clearly and in the appropriate box, who is to receive all correspondence

NAME OF CLUB / TEAM:

PRESIDENT: Name: _____

Address: _____

Telephone: (h) _____ (m) _____

Email _____

SECRETARY: Name _____

Address: _____

Telephone: (h) _____ (m) _____

Email _____

TREASURER: Name: _____

Address: _____

Telephone: (h) _____ (m) _____

Email _____

Please place the number of teams in the appropriate box that your Club intends entering in the competition
Grading for senior teams will be completed after 4th week of competition

GRADE	MALE	FEMALE	MIXED
Tee ball/Rookie <small>Players 5,6,7,8 years old</small>	Non competitive	Non competitive	Non competitive
Under 12 <small>Players 9,10,11 years old</small>			
Under 14 <small>Players 11,12,13 years old</small>	Refer to ruling MIXED COMPETITION	Refer to ruling MIXED COMPETITION	
Under 16 <small>Players 13, 14,15 years old</small>	Refer to ruling MIXED COMPETITION	Refer to ruling MIXED COMPETITION	
Under 18 <small>Players 15,16, 17 years old</small>	Refer to ruling MIXED COMPETITION	Refer to ruling MIXED COMPETITION	
Women "A"	N/A		N/A
Women "B1"	N/A		N/A
Women "B2"	N/A		N/A
Men "A"		N/A	N/A
Men "B"		N/A	N/A

RETURN THIS FORM PRIOR TO THE MANAGEMENT MEETING 16th March 2020

