## JUNIOR STATE CHAMPIONSHIPS



## Team Nomination Form IPSWICH INDOOR SPORTS CENTRE



Thursday 26th September – Sunday 29th September 2019

12's & Under - 14's & Under Girls - 16's & Under Mixed

TEAM NAME:	
GRADE:	
Nominating Centre:	
	MANAGERS INFORMATION:
Christian Name:	Surname:(PLEASE PRINT CLEARLY)
Suburb:	Post Code:
Mobile:	Alt Phone:
E-mail:	
MANAGER & CENTRE	
	Indoor Sports Centre- (NOMINATIONS WILL NOT BE ACCEPTED WITHOUT PAYMENT)
☐ Filled in above (	(all information)
□ Have gone thro	ugh "Tournament Checklist" with Indoor Sports Centre Staff
TOURNAMENT CHECK	<u>KLIST</u>
Manager must atte	nd "Managers Meeting" at required time – will be on the front page of draw
□ MUST collect photo	DID's for every player – Manager to take to tournament, but must be available if asked
□ *HAND IN AT MAN	NAGERS MEETING: Filled in Team Sheet – (signatures only for persons standing for state)
*Any player standir	ng for state must have completed "STANDING for STATE" form BOTH SIDES
*Any player standir	ng for state must also have parent/guardian complete/sign "Parent Indemnity Form"
*Must be made aw	vare of INFQ Media Policy – INFQ website – <u>www.infq.com.au</u>
MANAGER'S SIGNATU	JRE (to confirm all information has been discussed and all monies paid)
	DATE:

Please return this form along with \$475 payment on or before

TUESDAY 20th AUGUST 2019 to: ANY INFO MEMBER CENTRE

https://infg.com.au/infg-members-centres/

