JUNIOR STATE CHAMPIONSHIPS



Team Nomination FormOzsports SPRINGWOOD



Saturday 21st September – Sunday 22nd September 2019

Monday 23rd September may be required

8's & Under – <mark>10's & Under</mark> – <mark>14 & Under Mixed</mark> - <mark>16 & Under Ladies</mark>

	TEAM NAME:	
	GRADE:	
	Nominating Centre:	
		MANAGERS INFORMATION:
Cł	nristian Name:	Surname:(PLEASE PRINT CLEARLY)
Su	burb:	Post Code:
Mc	obile:	Alt Phone:
E-r	mail:	
	ANAGER & CENT	
		to Indoor Sports Centre – (NOMINATIONS WILL NOT BE ACCEPTED WITHOUT PAYM
	☐ Filled in above	ve (all information)
	□ Have gone t	hrough "Tournament Checklist" with Indoor Sports Centre Staff
<u>TC</u>	DURNAMENT CHI	<u>ECKLIST</u>
	Manager must a	attend "Managers Meeting" at required time – will be on the front page of draw
	MUST collect pl	hoto ID's for every player – Manager to take to tournament, but must be available if ask
	*HAND IN AT N	MANAGERS MEETING: Filled in Team Sheet – (signatures only for persons standing for st
	*Any player star	nding for state must have completed "STANDING for STATE" form BOTH SIDES
	*Any player star	nding for state must also have parent/guardian complete/sign "Parent Indemnity Form
	*Must be made	aware of INFQ Media Policy – INFQ website – www.infq.com.au
MA	ANAGER'S SIGN	ATURE (to confirm all information has been discussed and all monies paid)
		DATE:

INDOOR NET BERATION OF Queensland Please return this form along with \$475 payment on or before

TUESDAY 13th AUGUST 2019 to: -

ANY INFQ MEMBER CENTRE

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

