

"PLAYERS STANDING FOR STATE SELECTION" – Open Zones 2019

This form is for all players wishing to nominate for State Selection. It will be the responsibilities of each Team Manager to have all players FILL-IN/SIGN this form which is to be submitted to the Tournament Director along with page 2 - PLAYERS INFORMATION SHEET (& Parent indemnity if under 18) form at the Managers Meeting.

Players must have also signed the Team Sheet, which is to be handed in at the Managers Meeting

The 2019 Open Nationals will be in Adelaide – South Australia from Saturday 12th October to Saturday 19th October 2019. Players and officials will fly out Friday 11th October and return Sunday 20th October.

TERMS & CONDITIONS:

- 1. Must have completed the below information in full and the Players Information Sheet (page2)
- 2. Please note: All players who state their eligibility for a state team, who are subsequently selected for the State Team and then withdraw from the team are subject to penalties as applied by the INFQ Management Committee. These penalties will be dealt with on a case-by-case scenario but will range from loss of deposit to total suspension from any INFQ event for twelve (12) months
- You will be required to remain at the Zones Tournament till after announcement of state teams, if named in state team you will receive a brochure along with the training schedule, and all paperwork which you will need to bring to induction day – filled in and ready to hand in – YOU MUST ALSO bring ID for all age groups to induction

4. Induction Day – 30th June 2019

- (a) You will be required to attend the induction day on Sunday 30th June to try on the samples of uniforms and hand back all in the required forms this day is compulsory for all persons touring.
- (b) 9.00am Umpires/Trainers Open Mixed & 21 Mens
- (c) 11.00am Open Mens & Open Ladies
- (d) **1.00pm** O/35 Ladies & O/35 Mixed
- (e) **3.00pm** Lightning Teams (if required)

5. Requirements of being selected:

- (a) You will be required to attend **ALL Sunday training sessions** as set down by INFQ. If for some unforeseeable circumstances you are unable to attend, notification must be made with your Manager prior to that training session.
- (b) If three or more training sessions are missed, you will be asked to show good reason as to why you should not be removed from the team and face further action from the Management Committee (as above)
- (c) You will be required to make a \$300 deposit (\$100 non-refundable) into the INFQ bank account by COB Wednesday 3rd July 2019. Failure to do so could mean the immediate removal from said state team.
 (d) All payments much be finalized by Wednesday 25th September 2010, as pay below, be available.
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 Costs for the tour will be Approx.: *** **\$1850 per player** This includes accommodation, ground transport,
- Costs for the tour will be Approx.: ***<u>\$1850 per player</u> This includes accommodation, ground transport petrol, sports trainers, team entry fees, umpire levies, tournament package, presentation dinner & insurance etc.
 <u>This does not include</u> uniforms or day to day expenses – re food on tour or food for training

Instalment Dates

BALANCE to be paid in FULL	Wed 25th Sept	+ UNIFORMS & NER TICKETS
3rd Installment Due	Wed 4th Sept	\$ 500.00
2nd Installment Due	Wed 14th August	\$ 500.00
1st Installment Due	Wed 24th July	\$ 500.00
Deposit - (\$100 NON REFUNDABLE)	Wed 3rd July	\$ 300.00

By signing this document, you are stating that you have read the terms & conditions above as set down by INFQ and agree to abide by everything specified in this document.

Players Name:(Please Print Clearly)		
Players Signature:		
Parent/Guardian Name: If under 18 PARENT/GUARDIAN MUST PRINT & SIGN		
Parent/Guardian Signature:		

SUPERLEAGUE CE	NTRE:
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ZONE:

TEAM:

Date: / / 2019___

(Team Manager) Name: ...

Signature:

OPEN ZONES for OPEN NATIONALS 2019			
PLAYER INFORMATION SHEET			
Christian Name:	Surname:		
Address:			
Suburb:	Post Code:		
DOB:	Are you a QLD Resident? YES NO		
Mobile:	Work Phone:		
Home Phone:	Work Mobile:		
Email:			
Email: (other)			
YOUR SUPERLEAGUE CENTRE IS:			
IF UNDER 18 – PARENTS INFORMATION			
Christian Name:	Surname:		
Home Phone:	Work Phone:		
Mobile:	Email:		