



“PLAYERS STANDING FOR STATE SELECTION” – Open Zones 2020

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 2020 Open Nationals will be in Adelaide – South Australia from Saturday 22nd August to Saturday 29th August. Players and officials will fly out Friday 21st August and return Sunday 30th August.

TERMS & CONDITIONS:

- 1. If selected in a State Team for the first time or if you have not played nationals since 2017, then you must remain at your current members centre for the following superleague year – Any transfer requests must be signed off by both centre co-ordinators for a transfer to occur. Once this is done, then the completed form is to be submitted to INFQ for a record to be kept of the transfer.
2. Must have completed the below information in full and the Players Information Sheet (page2)
3. 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
4. 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
5. Induction Day – Sunday 29th March 2020 - this day is mandatory for all persons touring including training partners
(a) You will be required to attend the induction day on Sunday 29th March to try on the samples of uniforms and hand back all in the required forms –
(b) 9.00am – 19 Ladies, 19, Mixed, Open Mixed
(c) 11.30am – Open Ladies, 30 Ladies, 30 Mixed – Sports Trainers & Umpires
(d) 2.30pm – Open Mens, 23 Ladies, 23 Mixed
6. Requirements of being selected:
(a) You will be required to attend ALL training sessions as set down by INFQ. If for some unforeseeable circumstances you are unable to attend, YOU MUST notify 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 25th March 2020. Failure to do so could mean the immediate removal from said state team.
(d) All payments must be finalised by Wednesday 5th August 2020 – as per below - no exceptions.
7. Costs for the tour will be Approx.: ***\$1850 per player This includes accommodation, ground transport, petrol, sports trainers, team entry fees, umpire levies, tournament package, presentation dinner & insurance etc. This does not include uniforms or day to day expenses – re food on tour or food for training

Instalment Dates

Table with 3 columns: Description, Date, Amount. Rows include Deposit - (\$100 NON REFUNDABLE), 1st Installment Due, 2nd Installment Due, 3rd Installment Due, and BALANCE to be paid in FULL.

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

Form fields for Player Name, Player Signature, Parent/Guardian Name, and Parent/Guardian Signature.

Form fields for SUPERLEAGUE CENTRE, ZONE, TEAM, and Date.

(Team Manager) Name: Signature:

Date: / / 2020



OPEN ZONES for SUPER NATIONALS 2020



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:	