

SEASON 2016/17 TEAM NOMINATION FORM

Nomination F	ee: \$150.00 per team (no	n refundable)	
Due:	Friday 30th September 2016		
Payment must a Cheque by post:	accompany nomination: BADSA PO Box 7035, EATON WA	6232	
Bank Deposit:	BSB - 016-515 A/C - 4962 20364 Ref # "Your Club Name"		
Club Name:			
Club Contact:			
Telephone:		Mobile:	
E-mail Address			
President: Contact Number Secretary: Contact Number		Vice President: Contact Number Treasurer:	
Club Delegate: Contact Number		Contact Number Email Address	
Men Uniform Colours	Top:	Bottom:	
Women Uniform Colours	Top:	Bottom	
TEAM NOMINA Specify number/s	ΓΙΟΝS	Scorer Specify Name for each team	
MENS			
WOMEN			
roposed Training	p Days & Times		