



INITIAL NOMINATION FORM

Initial team nominations must be submitted by Monday 10th February at 9:00AM

CLUB DETAILS

NAME: _____

GROUND ADDRESS: _____

POSTAL ADDRESS: _____

GUERNSEY COLOURS: _____

HOME SHORT COLOURS: _____

SOCK COLOURS: _____

CONTACTS

CLUB DELEGATE (this person will receive all SANFL Juniors competition, coaching and umpiring communications)

NAME: _____ MOBILE: _____

EMAIL: _____

NON-PREMIERSHIP COORDINATOR (this person will receive all SANFL Juniors non-premiership competition communications)

NAME: _____ MOBILE: _____

EMAIL: _____

PREMIERSHIP COORDINATOR (this person will receive all SANFL Juniors premiership competition communications)

NAME: _____ MOBILE: _____

EMAIL: _____

GIRLS COORDINATOR (this person will receive all SANFL Juniors girl's competition communications)

NAME: _____ MOBILE: _____

EMAIL: _____

COACH COORDINATOR (this person will receive all SANFL Juniors coach related communications)

NAME: _____ MOBILE: _____

EMAIL: _____



INITIAL NOMINATION FORM

AGE GROUP	NUMBER OF REGISTRATIONS	NUMBER OF TEAMS	DIVISION (please tick)
UNDER 7 (Minis)			
UNDER 8			
UNDER 9 GIRLS			
UNDER 9			
UNDER 10			
UNDER 11 GIRLS			
UNDER 11			18 a -side <input type="checkbox"/> 15 a-side <input type="checkbox"/>
UNDER 12			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
UNDER 13 GIRLS			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
UNDER 13			
UNDER 14			
UNDER 15 GIRLS			
UNDER 15			
UNDER 16 GIRLS			
UNDER 16			
UNDER 17.5 GIRLS			
UNDER 17.5			U17.5 <input type="checkbox"/> Composite <input type="checkbox"/>