

## INITIAL TEAM NOMINATIONS FORM

Initial team nominations must be submitted by Wednesday 28th February at 9:00AM

<u>CLUB DETAILS</u>					
NAME:					
GROUND ADDRESS:					
POSTAL ADDRESS:					
GUERNSEY COLOURS:					
HOME SHORT COLOURS: _					
SOCK COLOURS:					
<u>CONTACTS</u>					
<b>CLUB DELEGATE</b> (this person	n will receive all SANFL Juniors competition, coaching and umpiring comm	unications)			
NAME:	MOBILE:				
EMAIL:					
NON-PREMIERSHIP COORD	DINATOR (this person will receive all SANFL Juniors non-premiership comp	oetition			
communications)					
NAME:	MOBILE:				
PREMIERSHIP COORDINATO	<b>OR</b> (this person will receive all SANFL Juniors premiership competition cor	mmunications			
	MOBILE:				
GIRLS COORDINATOR (this r	person will receive all SANFL Juniors girl's competition communications)				
·	MOBILE:				
COACH COOPDINATOR (thi	is person will receive all SANFL Juniors coach related communications)				
NAME:					
	on will receive all SANFL Juniors financial related communications)				
•					
NAME:					
LIVIAIL:					



## INITIAL TEAM NOMINATIONS FORM

	NUMBER OF REGISTRATIONS	NUMBER OF TEAMS	DIVISIONS
AGE GROUP			(Please Tick)
UNDER 7 (Minis)			
UNDER 8			
UNDER 8 GIRLS			
UNDER 9			
UNDER 10			
UNDER 10 GIRLS			
UNDER 11			18-a-side 15-a-side
UNDER 12			1 2 3 4 5
UNDER 12 GIRLS			1 2 3 4 5
UNDER 13			
UNDER 14			
UNDER 14 GIRLS			
UNDER 15			
UNDER 16 GIRLS			
UNDER 16			
UNDER 17.5			
UNDER 18 GIRLS			