



# TEAM NOMINATION FORM

[www.winghamindoorsports.com.au](http://www.winghamindoorsports.com.au)

## Team Name and Contact Person (responsible for all communication)

Team Name \_\_\_\_\_  
(also include previous name if changed from last season)

**Team Captain** \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Mob) \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Second Contact Name** \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Mob) \_\_\_\_\_

E-mail Address \_\_\_\_\_

## Competition Required (Please Circle)

<u>SPORT</u>	<u>SPORT TYPE</u>
CRICKET	Mens
NETBALL	Ladies
SQUASH	Mixed
SOCCER	Open
RACQUETBALL	Juniors

Preferred Day \_\_\_\_\_ Second Choice \_\_\_\_\_

Earliest Available Time? \_\_\_\_\_

TEAM CLASHES (list players that play in multiple teams on the same night): \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_\_ Man. Sig

Complete the following if possible for any additional players:

**Player 3** \_\_\_\_\_  
Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Mob) \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**Player 4** \_\_\_\_\_  
Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Mob) \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**Player 5** \_\_\_\_\_  
Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Mob) \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**Player 6** \_\_\_\_\_  
Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Mob) \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**Player 7** \_\_\_\_\_  
Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Mob) \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**Player 8** \_\_\_\_\_  
Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Mob) \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**Player 9** \_\_\_\_\_  
Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Mob) \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**Player 10** \_\_\_\_\_  
Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Mob) \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**Phone: 02 65 534 971 Fax: 02 65 534 179 e-mail: [winghamindoor@bigpond.com](mailto:winghamindoor@bigpond.com)**  
**6 Coughlan Avenue Wingham, NSW 2429**