

# Team Nomination Form

TEAM NAME: \_\_\_\_\_

DAY: \_\_\_\_\_ Division: \_\_\_\_\_ BASKETBALL



Delegate 1 Details	Delegate 2 Details
NAME: _____	NAME: _____
EMAIL: _____	EMAIL: _____
PHONE: _____	PHONE: _____

TEAM DETAILS				OFFICE USE	
Player Name	PHONE	DOB	SIGNED	PCYC Membership expiry	Competition registration

By signing this form, I agree to abide by PCYC code of conduct, policies, procedures and sports competition rules at all times. Failure to do so may result in termination from the competition with no refunds.