Team Nomination Form TEAM NAME:_

PHONE:

DAY:	Division:		NETBALI	L COMPETITION TYPE:	LADIES	
Delegate 1 Details		Delegate 2 Details				
NAME:		NAME:				
EMAIL:		EMAIL:				

PHONE:



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

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.

