Team Nomination Form

TEAM NAME:



Delegate 1 Details (Captain)		Delegate 2 Details (C	Delegate 2 Details (Co-Captain)		
NAME:		NAME:			
EMAIL:		EMAIL:			
PHONE:	DOB:	PHONE:	DOB:		



BASKETBALL COMPETITION

TEAM DETAILS					OFFICE USE	
Player Name	PHONE	DOB	SIGNED	PCYC Membership expired/renewed	Paid EFT/CASH/AKV	

All players must have comp fees paid upfront prior to start of competition. All players must be members of the PCYC. 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.

