



TEAM NOMINATION FORM 2012



(Please return to Kirsten at the office or
Email to kirsten.demarchi@pcyc.org.au)

COMPETITION:

Tues Womens, Tues Mens, Thurs Mens, Sunday Mens,

DIVISION PREFERENCE: ONE (1) TWO (2) THREE (3)

TEAM NAME: _____

TEAM COLOURS: _____

CONTACT PERSONS: _____
(Must have 2 contact people) _____

PLAYERS NAME (Please print clearly)	CONTACT NUMBER

- Running of competitions will be determined by the number of teams that nominate.
- Grading season will help determine division placement for championship season
- Competitions commence first week in Feb (dates to be finalised)