



TEAM NOMINATION FORM Lightning Carnival – 8 & 9 October 2015

Nominations close on 2 October 2015

TEAM NAME AND TEAM CONTACT DETAILS

| Name of Team | |
|----------------------------------|-------------------|
| | |
| Address | Postcode |
| Home phone | Work/Mobile phone |
| Email Address: | |
| Name of Alternative Team Contact | |
| Address | Postcode |
| Home phone | Work/Mobile phone |
| Email Address: | |

TEAM UNIFORM DETAILS AND COLOURS

Primary Colour (tops)_____Secondary Colour (shorts) _____

Team Members:

| Singlet Number | First Name | Surname | Date of Birth |
|----------------|------------|---------|---------------|
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Declaration and Signature

I declare that the information provided by me on this form is true and correct.

I declare that our club/ school/ team will compete in the spirit of the tournament and will make sure my team will abide by this.

I acknowledge that I am the liaison between the tournament and the team and will ensure that any communication from the tournament is communicated to the team.

I understand that I am responsible for arranging payment of nomination fees

I declare that the Team Coach and Team Manager have current National Police Checks that have been processed with Basketball SA and are clear to participate in junior basketball. (Names will be checked by Basketball SA)

| Signature of team contact | Date | |
|---------------------------|------|-------------------|
| . | | (Must be 18yrs +) |

Please send your nomination through via fax: 8396 1752 or email to Kimberly Ly kly@belgravialeisure.com.au

PAYMENT CAN BE MADE OVER THE PHONE WITH CREDIT CARD OR MADE AT THE CENTRE RECEPTION

FOR OFFICE USE ONLY

Stamp

Receipt Number: _____

\$75.00:

Nomination taken by: _____