



# BANKSTOWN CITY NETBALL ASSOCIATION INC

## NOMINATION FOR CANDIDATE IN A REPRESENTATIVE TEAM

Please indicate applicable team:

SENIORS	Please Tick	JUNIORS	Please Tick
STATE LEAGUE ( <i>Close 26<sup>th</sup> October</i> )		15 YEARS REPRESENTATIVE	
NIGHT INTERDISTRICT ( <i>Summer</i> )		14 YEARS REPRESENTATIVE	
OPEN STATE CHAMPIONSHIPS		13 YEARS REPRESENTATIVE	
OVER 45 STATE CHAMPIONSHIPS		12 YEARS REPRESENTATIVE	
OVER 40 STATE CHAMPIONSHIPS		11 YEARS DEVELOPMENT	
OVER 35 STATE CHAMPIONSHIPS			
21 & UNDER STATE CHAMPIONSHIPS			
17 & UNDER STATE CHAMPIONSHIPS			

Name of Candidate: .....

Date of Birth: .....

Address: .....

..... Post Code: .....

Telephone: (Home): ..... (Work): .....

(Mobile): .....

Email: .....

Playing Position: 1<sup>st</sup> preference: ..... 2<sup>nd</sup> preference: .....

I am currently registered with: .....

Qualifications: (*Please list netball experience which you consider qualifies you as a candidate for selection in above team*)

.....  
 .....  
 .....

Signed: ..... Date: .....

Signed: .....

Parent/Guardian for 15yrs & under