



NOMINATION FORM 2018 REPRESENTATIVE PERSONNEL

NAME (block letters)

RESIDENTIAL ADDRESS

..... POSTCODE

TELEPHONE NO. (mobile) MY NETBALL NO:.....

EMAIL

QUALIFICATIONS REQUIRED:
Coach/Assistant Coach - Development Course accreditation or higher

Please indicate the position/s you wish to be considered for by placing a tick in the appropriate box.

Coach Assistant Coach Manager

State State Age

Nominated by Signature:

Nominated by Signature:

You will be required for squad training commencing Tuesday 10 October 2017, 6:30pm – 8:30pm for six weeks.

All junior and senior teams will be entered in the State League Region 2 competition in 2018.

I accept the nomination/s for the above position/s.

SIGNATURE OF NOMINEE -

DATE -

Relevant qualifications and other supporting documentation should be attached to this nomination form and forwarded to:

Secretary, Joanne Taylor
73 Mills Street
Warners Bay NSW 2282

NOMINATIONS CLOSE – Friday 1 September, 2017