



NOMINATION FORM 2019 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

Senior State Titles Junior State Titles 11 Years Dev.

Nominated by Signature:

Nominated by Signature:

You will be required for squad training commencing October 2018, 6:30pm - 8:30pm for five weeks.

All junior and senior teams will be entered in the Regional League competition in 2019.

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 (cna.secretary1@gmail.com)
73 Mills Street
Warners Bay NSW 2282

NOMINATIONS CLOSE – Friday 30 August 2018