



SOUTHERN DISTRICTS SOFTBALL ASSOCIATION

NOMINATION FORM FOR REP TEAM OFFICIAL POSITION

NB: This form must be completed and returned to the Association Secretary.
(Individual form for each position sought.)

Position sought _____ Team _____

Complete the following if applying for position of coach, manager or statistician

Level of accreditation _____ Date received _____

Surname _____ Given names _____

Address _____

Postcode _____

Tel (____) _____ (home) _____ (mobile) _____ Email _____

Date of birth _____ Registered Club _____

Experience:

State:	yes / no	Open / U19 / U17
SAL Development Squad	yes / no	U19 / U17
Winter/State League	yes / no	Winter League / State League
Association	yes / no	Open / U19 / U17 / U15 / U13 / U11
Club	yes / no	Senior / Junior / u13 / U11

Immediate Goal (Please circle one)

National Team	Association Team
State Team	Club Team
Development Squad	Winter League
State League	No Goal

If my application is unsuccessful for this position I am willing to consider another available position YES / NO

Conditions to be observed during Representative Commitment:

- 1: I agree to abide by all the Rules and By Laws as set down in the SDSA Inc Constitution & By Laws.
- 2: I also agree to the Duties & Obligations as set down by the Representative Committee.
- 3: To attend all training sessions and trial games
- 4: I agree that the Team Manager will have total control over all matters pertaining to Administration and discipline connected with the Team.

Signed _____

Date _____