SOFTBALL FNQ INC.

PO Box 206 EARLVILLE QLD 4870

Email: cairnssoftball@hotmail.com BSB: 034-193 A/C: 341957

# Nomination Form

Open Women State Championships

6-8 September – 2019 in Ipswich

|  |  |  |
| --- | --- | --- |
|  | Please tick the position you wish to nominate for | Please indicate your current level below |
|  | Player (please complete position information below) |
|  | Head Coach (Minimum Level 2) | Level  |
|  | Assistant Coach (Minimum Level 1) | Level  |
|  | Manager |  |
|  | Scorer (Minimum Level 3) | Level  |
|  | Umpire (Minimum Level 1) | Level  |

Closing Date for Nomination: 10th May 2019. **Trials: - 3pm Saturday 18th May 2019. TBC**

## Travel & Accommodation Costs: Approximately $600 per player (exact costs to be determined)

*(As per Softball Queensland - State Championship Age Guidelines: Only players 16 and over, as at 31 December in year of Championship, are permitted to compete in the Open Women Championships.)*

Name: .................................................................................................................................................................

Address: ............................................................................................................................................................

Phone No.: ................................................................................... Date of Birth: ........................................

Email: ...............................................................................................................................................................

Position Played: 1. ...................................................................................................................................

(Players only)

2. ...................................................................................................................................

3. ...................................................................................................................................

Signature: ......................................................................................................... Date: ..................................

## (Parent/Guardian for Player)

*Nomination Terms:*

* $50 is to accompany the nomination form (players only). This is non-refundable (unless not selected).
* $20 will be refunded to players provided all commitments to the Association are fulfilled.
* All fees must be paid in full at a date to be advised on day of selection.

Refund Payable to:

Name: …………………………………………. BSB ………………………….. Acc…………………..………