

**NOMINATION
FORM**

**PH: 9816-5844
FAX: 9817-1391**

**ACTION INDOOR SPORTS
GLADESVILLE
SUNDAY MIXED ACTIONBALL COMPETITION**

TEAM NAME: _____

TEAM CAPTAIN: _____

ADDRESS: _____

PHONE: (H) _____

(W) _____

(Mobile) _____

*** GAME FEES: \$50.00 PER GAME/PER TEAM**

*** REGISTRATION FEE: \$16.50 PER PLAYER**

*** 6 – A –SIDE**

(Comments) _____ **(APPROX DIV)** _____

I DO HEREBY AGREE ON BEHALF OF MYSELF AND MY TEAM MEMBERS TO ACCEPT AND PLAY BY THE RULES AND TO CONDUCT OURSELVES AS FAIR AND DECENT SPORTS FOR THE DURATION OF THE NETBALL SEASON. WE ALSO AGREE TO PAY \$90.00 FORFEIT FINE SHOULD OUR TEAM FAIL TO ARRIVE FOR ANY SCHEDULED GAME.

Captain signature: _____

Dated: _____