# Combined Australian Netball Association Inc.

#### ABN 90 766 131 521

*Website:* [*www.cana.asn.au*](http://www.cana.asn.au)

*Email:* cananetballassn@gmail.com



NOMINATION FORM 2018 CANA NATIONAL CHAMPIONSHIPS,

NORTH CURL CURL, SYDNEY, NSW.

**MEMBER ASSOCIATION/TEAM** ….………………………………………………………………………………………………………………………………………………....

**CONTACT NAME**……………………………………………………..M**OBILE** ………………………………………. **Email**........................................................

**UNIFORM DETAILS (including Bibs)** ………………………………….………………………………………………….............................................................

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**\*EACH TEAM MUST PROVIDE A SUITABLY QUALIFIED UMPIRE FOR THIS NOMINATION TO BE ACCEPTED**

**\*NB: ONLY 10 PLAYERS ARE PERMITTED TO NOMINATE PER TEAM**

**\*INDIVIDUAL TEAM NOMINATION FEE $500 ($50 PER PLAYER)**

|  |  |
| --- | --- |
| **TEAM NAME:** | **SECTION ENTERED:** |
| **NO.** | **PLAYERS' NAMES** | **CONTACT EMAIL ADDRESS** | **PLAYING POSITIONS** | **DATE OF BIRTH** | **PLS TICK IF PHOTO PERMISSION GIVEN** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| **CAPTAIN NAME:** | **VICE CAPTAIN NAME:** |
| **COACH** | **NAME:**  | **EMAIL:** | **MOBILE:** |
| **MANAGER** | **NAME:** | **EMAIL:** | **MOBILE:** |
| **UMPIRE** | **NAME:** | **EMAIL:** | **BADGE:** |

**NB: It is the responsibility of all nominated teams to provide insurance to cover personal injury and professional liability for all their players and officials.**

**Closing date for nominations is**

**August 20th**

**Bank details for payment of nomination fee –**

**BSB 105 141 ACC 037363940**