(Player numbers as listed on this form will appear in the Program Book)

**2018 CANA NATIONAL CHAMPIONSHIPS**

**ASSOCIATION/CLUB/TEAM** …………………………………………………………………………………….. **SECTION** ……………………………………………

**SECRETARY/CONTACT PERSON**  (Mr/Mrs/Miss/Ms) …………………………………………………………………………………………………………….

**ADDRESS** ……………………………………………………………………………………………………………………………………………………………………………….

……………………………………………………………………………………….. **POST CODE**………………..

**TELEPHONE NO** (……….)………………………….…….. (H) (……….)…………………………….….. (B)

**MOBILE** ……………………………………………………. **Email** .......................................................................................................

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NO.** | **PLAYERS' NAMES** | **PLAYERS’ EMAIL ADDRESS** | **PLAYING POSITIONS** | **DATE OF BIRTH** | **PLS TICK IF PHOTO PERMISSION GIVEN** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |

**COACH** …………………………………………………………….………….. **MANAGER** …………………………………………………………………………………..……

**UMPIRE** ………………………………………………….…….…………….. **GRADE/BADGE** ……………………………….………………………………………………

**CAPTAIN** ………………………………………………………….…..……. **SELECTOR** ………………………………………………………………………….…………….

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

………………………………………………………………………………………………………………………………………………………………………………………………

**NB: Only 10 players are permitted to nominate per team**

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

**No registration shall be accepted unless a non-playing umpire or a proxy non-playing umpire is registered with the team.**