

*SECTION 1:

KINGSWAY INDOOR SPORTS STADIUM
130 KINGSWAY, MADELEY WA 6065

Postal Address: Locked Bag 1, Wanneroo WA 6946

PHONE: 08 9408 1920 "*A better place to play*"

KINGSWAY INDOOR STADIUM - TEAM NOMINATION FORM

Field marked with an asterisk (*) are required fields. Incorrectly completed or incomplete forms may not be accepted.

The *TEAM COORDINATOR* must notify competition management immediately of any changes in details using a 'CHANGE OF DETAILS' form only (available at reception or on our website).

TEAM NAME AND CONTACT DETAILS [All details must be completed. Landline <u>or</u> mobile required]

TEAM NAME: TEAM COORDINATOR [MUST BE 18 YEARS OR OVER & PROVIDE CURRENT PROOF OF IDENTITY] FIRST NAME: SURNAME: ARE YOU 18 OR OVER? Yes □ No □ **ADDRESS:** SUBURB: POSTCODE: PHONE (LANDLINE): PHONE (MOBILE): **EMAIL: ASSISTANT COORDINATOR (SECOND CONTACT)** SURNAME: ARE YOU 18 OR OVER? Yes ☐ No ☐ FIRST NAME: **ADDRESS:** SUBURB: POSTCODE: PHONE (LANDLINE): PHONE (MOBILE): **EMAIL:** PLEASE MARK (X) CHOSEN SPORT: Number in order of preference where applicable (i.e. Tues 1, Wed 2...) *SECTION 2: Sport / Day Wednesday Monday Tuesday **Thursday Friday** Saturday Sunday Soccer (Men's) Soccer (Mixed) **Netball (Ladies) Netball (Mixed)** Indoor AFL (Men's) Basketball (Men's) Basketball (Mixed) Volleyball (Mixed) **SECTION 3: PLAYING HISTORY (IF APPLICABLE)** Centre where previously played: When: Previous Team name: Division: **SECTION 4: NOMINATED DIVISION & REQUESTS** Please note that requests are purely requests. Competition management may not be able to accommodate, but will where possible. Game time or other requests: Nominated division:



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*SECTION 5: PLAYER REGISTRATION

TC = Team Coordinator. AC = Assistant Coordinator. A minimum of 4 separate players' phone numbers must be listed. <u>ALL</u> players listed must sign in the last column before the first game or may not be permitted to play. **ALL PLAYERS MUST BE 16 YEARS OR OLDER.**

First Name	Surname	Phone	Signati	re (See SECTION
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