



JIMBOOMBA NETBALL ASSOCIATION INC.

EPL NOMINATION FORM

Player information:

Surname: _____ First Name: _____ D.O.B. _____

Address: _____ Suburb: _____ Post Code: _____

Email: _____ Mobile: _____ Home: _____

Please supply a mobile number, as texting will be a form of communication between the officials and players.

NOMINEE/PLAYER (SIGNATURE) _____ DATE ___/___/___

Parent/Guardian information:

If nominee/player is under 18 years of age:

PARENT/GUARDIAN (PRINT NAME) _____

PARENT/GUARDIAN (SIGNATURE) _____ DATE ___/___/___

Email: _____ Work Ph: _____ Mobile: _____

(Please supply a mobile number, as texting will be a form of communication between the officials and player/parent/Guardian.)

Email: _____

(Please ensure an accurate email address is supplied as this is used as another form of communication between the officials and players)

Club Details: Club Name: _____ Team Name: _____

Nominate two (2) Positions to Trial for: (First) _____ (Second) _____

NOTE: *In the interests of ensuring the best teams are available to play for JNA, players may be trialed and selected in positions not nominated. The nominated positions are for selection purposes only and players may be placed in different positions to ensure the best possible team combination.*

Team Nominating for: EPL 17s 19s Opens

PLEASE return the completed form to the Club house or via email
admin@jimboombanetball.com.au , also check the JNA Web site
<http://www.jimboombanetball.com.au> or Facebook for trial dates and locations.