

## **TEAM NOMINATION FORM**

**TEAM NAME:** \_\_\_\_\_

**PLAYERS FULL  
NAME:**

**AVEG:**

**PHONE NO.**

**M OR F:**

1:	_____	_____	_____	_____
2:	_____	_____	_____	_____
3:	_____	_____	_____	_____
4:	_____	_____	_____	_____
5:	_____	_____	_____	_____
6:	_____	_____	_____	_____
7:	_____	_____	_____	_____
8:	_____	_____	_____	_____

**CAPTAINS NAME:**

**CONTACT PHONE NO:**

**ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE RETURN THIS FORM WHEN COMPLETED TO THE ADDRESS BELOW.**

**REMEMBER NOMINATIONS CLOSE 31 JULY, 2010 AND \$36.00 TO BE RETURNED WITH THIS FORM.**

**MICK OLIVER  
8 PREVELLY CIRCLE  
WAIKIKI WA 6169**