**DUE DATE: MONDAY 4TH JUNE 2012 NOMINATION FEE: $350.00**

* Nominations will be accepted on a first in first serve basis and must be fully completed
* The Nomination Fee must accompany this form or be paid by direct deposit to Basketball Queensland
* Details marked with an \* are mandatory. Your nomination will NOT be accepted unless all mandatory fields are completed
* Please type details into all fields and print for signing by Club and Association Representatives
* Nomination Forms are to be returned to Basketball Queensland via mail: C/O The Sleeman Sports Complex, Cnr Old Cleveland and Tilley Rds, Chandler - Fax: 3825 5655 – Email: melinda.campbell@basketballqld.net.au

|  |  |  |  |
| --- | --- | --- | --- |
| **Team Name\*** |  | **Gender\*** |  |
| **Club\*** |  | **Association\*** |  |

**PLAYING UNIFORM INFORMATION**

|  |  |  |
| --- | --- | --- |
|  | **Top Colour\*** | **Bottom Colour\*** |
| **Playing Uniform\*** |  |  |
| **Alternate Playing Uniform** |  |  |

**REPRESENTATIVE PLAYER INFORMATION**

|  |  |  |
| --- | --- | --- |
|  | **No. of Players\*** | **Association/s Represented\*** |
| **Div 1 Rep Players\*** |  |  |
| **Div 2 Rep Players\*** |  |  |

**TEAM OFFICIALS INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Team Officials** | **Name (as appears on Blue Card if applicable)** | **Level** | **Mobile No.** | **Email Address** | **Blue Card No.** | **Blue Card Expiry** |
| **Coach\*** |  |  |  |  |  |  |
| **Assistant Coach** |  |  |  |  |  |  |
| **Manager\*** |  | N/A |  |  |  |  |
| **Scoretable Person 1\*** |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Club Representative Name:**  |  | **Signature:** |  |

**Association Approval:** I hereby certify that all team personnel have fulfilled the necessary requirements of the Commission for Children and Young People and Child Guardian Act 2000 and that the players participating in the above nominated team participate in the Club Competition / Program offered for the U12 Age Group at the above listed Association, and as per the eligibility criteria have attached the following information as proof of this:

|  |  |
| --- | --- |
| **Information Provided:** |  |
| **Association Rep Name:** |  | **Signature:** |  |