JUNIOR NOMINATION FORM 2013
PO BOX 353, Toowong, QLD 4066 Ph: 3371 0200
Email: comps@brisbanebasketball.com.au

Club/Team Name: _____

Uniform Colour: _____   Alternate Colour: _____

Contact Name 1: _____   Contact Number: _____

Contact Name 2: _____   Contact Number: _____

Address: _____

_____

Email Contact 1 (compulsory): _____

Email Contact 2 (compulsory): _____

☐   Pre Season   22/23 Feb – 22/23 March
      Nomination Fee $30.00
      NOMINATIONS *CLOSE*: 13th February 2013

Please enter number of teams in each Age Group & Division with Team Names

AGE GROUP	DIV 1	DIV 2	DIV 3	DIV 4
		SATURDAY		
U8s Mixed		**No Divisions in Under 8s Mixed**		
U10s Mixed				
U10s Girls				
U10 Boys				
U12 Girls				
U12 Boys				
U14 Girls				
U14 Boys				
		FRIDAY		
U16 Girls				
U16 Boys				
U18 Girls				
U18 Boys				

Note: Must have a **MINIMUM** of 7 Players to nominate a team.

- **A Team Nomination will not be accepted until the Team Nomination Fee is paid.**
- **The Nomination Form & Fee (not separately) must be handed in or mailed to the BBI Office.**
- **All players must be registered with BBI before taking the court for the first time.**

Due to new workplace health & safety requirements this form is COMPULSORY.
We will no longer accept spread sheets from clubs.

Team Name: _____

Division: _____

Coaches Name: _____ Contact Number: _____

Coaches Blue Card Number: _____

Team Manager: _____ Contact Number: _____

Team Managers Email Contact: _____

Team Managers Blue Card Number: _____

_____

Team Name: _____

Division: _____

Coaches Name: _____ Contact Number: _____

Coaches Blue Card Number: _____

Team Manager: _____ Contact Number: _____

Team Managers Email Contact: _____

Team Managers Blue Card Number: _____

_____

Team Name: _____

Division: _____

Coaches Name: _____ Contact Number: _____

Coaches Blue Card Number: _____

Team Manager: _____ Contact Number: _____

Team Managers Email Contact: _____

Team Managers Blue Card Number: _____

<table>
<tr><td colspan="3" align="center">OFFICE USE ONLY – NOMINATION</td></tr>
<tr><td>DATE PAID:_____</td><td>RECEIPT NO: _____</td><td>PAID $_____</td></tr>
<tr><td colspan="3">CHEQUE/EFTPOS/CASH (Please circle)</td></tr>
</table>

OFFICE USE ONLY – Invoice

Please invoice the Club: **YES   NO**

CREDIT CARD PAYMENT ONLY – (VISA/ MASTERCARD)

Credit Card Details: _____/_____/_____/_____   Expiry Date: _____

Amount: $_____   Name on Card: _____
(details are destroyed once processed)