



## Lacrosse WA

Unit 115/396 Scarborough Beach Road, West Point Centre, Osborne Park WA 6017

Postal Address PO Box 1633, Osborne Park WA 6916

Telephone 08 9444 0008

Email [executive@lacrossewa.com.au](mailto:executive@lacrossewa.com.au) Website [www.lacrossewa.com.au](http://www.lacrossewa.com.au)

# STATE TEAM OFFICIAL – NOMINATION

LWA13

YEAR \_\_\_\_\_

POSITION

Indicate team and position

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSTCODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

MOBILE \_\_\_\_\_

EMAIL \_\_\_\_\_

CLUB AFFILIATED WITH \_\_\_\_\_

Briefly outline experience/qualification for position.

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\_\_\_\_\_

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

Please email scanned copy to [executive@lacrossewa.com.au](mailto:executive@lacrossewa.com.au)