



KALAMUNDA & DISTRICTS BASKETBALL ASSOCIATION INC.

PO BOX 57 KALAMUNDA 6926 • PH: 9291 7600 • NOMINATIONS@KALAMUNDABASKETBALL.COM.AU

NOMINATION FORM

SENIOR COMPETITION (SEASON 1, 2016)

IMPORTANT INFORMATION

Competition Dates: **11 January – 9 June 2016** Finals Dates: **13 June – 30 June 2016**
General Byes: **25 January 2016, 25 March – 28 March 2016, 8 April – 25 April 2016**

- Nominations (including nomination fee) due by **31 December 2015**.
- Incomplete nomination forms or nominations without nomination fee will not be accepted.
- Late nominations will incur a late fee.
- Registration Fees to be paid in full by **5 February 2016**.
- Team names and uniform colours must be approved by the Association prior to acceptance of nominations.
- Teams may be regraded at the discretion of the Association at any time throughout the season, including prior to the start of the season.
- Games may be played in any of the following timeslots: 6:10pm, 7:00pm, 7:50pm, 8:40pm, 9:30pm.

TEAM INFORMATION

Team Name		Club	
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Team Coordinator Details *(must be 18 or older)*

Name			
Address			
Suburb		Postcode	
Mobile		Phone	
Email			

Alternate Team Contact Details

Name			
Mobile		Phone	
Email			

NOMINATED COMPETITION

Please mark (X) the preferred competition below.

Men's Competitions

Monday Night

- ☐ A Grade Reserve
☐ D Grade

Wednesday Night

- ☐ A Grade
☐ B Grade
☐ C Grade
☐ D Grade Reserve

Women's Competitions

Monday Night

- ☐ A Grade
☐ B Grade
☐ C Grade

COMPETITION FEES:

Nomination Fee - \$60 | Registration Fee - \$290 | Team Game Fee - \$50 | Late Nomination Fee - \$25

PLAYER REGISTRATION

A minimum of five players must be registered.

Name	Phone	Email	DOB

TEAM DECLARATION *(Must be signed by Team Coordinator)*

I, the undersigned, warrant and declare that I have the authority on behalf of all members of the team to make this declaration. Accordingly, on behalf of the team named on this form and any persons who play for this team throughout the season, I declare that the team will participate in all matches programmed for the duration of the season (including finals matches) and hereby undertake to be personally liable to pay any fines that may be imposed as a result of this team withdrawing or causing a match to be forfeited or any other fines imposed by the Kalamunda & Districts Basketball Association (KDBA).

As the Team Coordinator, I agree to communicate with my team and advise them of KDBA's Local Playing Rules and Code of Conduct and that any person from, or representative of the team who participates in any event, game or competition at KDBA is deemed to have also accepted these conditions. Accordingly, on behalf of the team named on this form and any person who plays, coaches or represents the team, I declare that the team will participate in all matches programmed in accordance with KDBA's Local Playing Rules and Code of Conduct through the duration of the season (including finals matches). I also acknowledge that KDBA reserves the right to accept or reject any nomination and to delete or withdraw any team or players from the competition during the season due to misconduct, fines, forfeits or breaches of the Local Playing Rules or Code of Conduct.

I, further being again authorised by all of the members of the team, acknowledge that the members of the team agree jointly and severally to fully indemnify KDBA and its officers, employees, representatives and contractors against any and all claims however arising which may be made against them as a result of our team's use of the services, facilities, equipment or apparatus at KDBA, our participation in any events, games, competition at KDBA or our presence at KDBA or its immediate surrounds.

Team Coordinator (Print Name)

Date

Team Coordinator (Signature)

Lodgement & Payment Options

Completed nomination forms can be lodged with payment by the following methods:

By mail (no cash accepted by mail)

Return completed nomination form along with cheque or money order made payable to Kalamunda & Districts Basketball Association to:

Kalamunda & Districts Basketball Association, PO Box 57, KALAMUNDA WA 6926

Direct Deposit

Completed nominations can be sent to **nominations@kalamundabasketball.com.au** with nomination fee paid by direct deposit to:

Account Name: Kalamunda & Districts Basketball Association

BSB: 036-065

Account #: 530090

Reference: *Your team name*

OFFICE USE ONLY

Date received		Received by	
Amount		Payment Type	
		Receipt #	