



Rockhampton Basketball Inc
Junior Nomination Form



Division: Please tick.

U10 Boys

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

U10 Girls

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

U12 Boys

Div 2 Girls

U14 Boys

Div 3 Girls

U18 Boys

Div 4 Girls

Season: _____

Club: _____ **Team Name:** _____

Uniform Colours* Singlet _____ **Shorts:** _____

* Strict uniform rules must be abided by at all times. Refer to By-Laws.

Club Contact:. _____ **Blue Card No.** _____ **Exp** ____/____/____

Phone Contact: _____ **Email:** _____

Coach Contact:. _____ **Blue Card No.** _____ **Exp** ____/____/____

Phone Contact: _____ **Email:** _____

Manager Contact:. _____ **Blue Card No.** _____ **Exp** ____/____/____

Phone Contact: _____ **Email:** _____

TEAM PLAYERS DETAILS

NAME			Reg/Paid
			Office Use Only
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

* Please note. Teams require a minimum of 6 core players.