



INITIAL JUNIOR TEAM NOMINATION FORM

Club Name: _____

Contact Name and Phone Number: _____

Age Group	Number of Registrations (Guide only)	Number of Teams	Team Name / Color
UNDER 8	<input type="text"/>	<input type="text"/>	Team 1: <input type="text"/>
			Team 2: <input type="text"/>
			Team 3: <input type="text"/>
			Team 4: <input type="text"/>
			Team 5: <input type="text"/>
			Team 6: <input type="text"/>
UNDER 9	<input type="text"/>	<input type="text"/>	Team 1: <input type="text"/>
			Team 2: <input type="text"/>
			Team 3: <input type="text"/>
			Team 4: <input type="text"/>
UNDER 10	<input type="text"/>	<input type="text"/>	Team 1: <input type="text"/>
			Team 2: <input type="text"/>
			Team 3: <input type="text"/>
UNDER 11	<input type="text"/>	<input type="text"/>	Team 1: <input type="text"/>
			Team 2: <input type="text"/>
			Team 3: <input type="text"/>
UNDER 11 GIRLS	<input type="text"/>	<input type="text"/>	Team 1: <input type="text"/>
			Team 2: <input type="text"/>

Form to be completed and returned to the Competition Manager