



SOFTBALL NOMINATION FORM

Mixed

Ladies

TEAM NAME : _____

OUTDOOR CLUB NAME: _____

Have you played at Action Indoor Sports before? YES NO

1ST CONTACT

Name : _____

Address : _____

Suburb : _____ Postcode: _____

Mobile : _____ Work : _____

Home : _____ DOB : _____

Email : _____ @ _____

2ND CONTACT

Name : _____

Address : _____

Suburb : _____ Postcode: _____

Mobile : _____ Work : _____

Home : _____ DOB : _____

Email : _____ @ _____

PLEASE LIST OTHER PLAYERS ON BACK OF FORM

TIME PREFERENCES

6pm Onwards

6.40pm Onwards

7.20pm Onwards

8pm Only

Is there anytime your team cannot play? _____

HOW DID YOU HEAR ABOUT US?

Played here before

Friends or work mates

Newspaper or mailout

Internet or website

Yellow Pages

Radio or TV

Signage

Other

CONDITIONS OF NOMINATION

I have read the Stadium Policy and accept these as conditions of nomination on behalf of my team. As captain, I acknowledge that I am fully responsible for the full payment of game fees on behalf of my team.

Signature : _____

Date : _____

www.toowoombaindoorsports.com

Action Indoor Sports Toowoomba

31 Spencer Street, Toowoomba 4350

Phone : (07) 4635 9999

Fax : (07) 4635 1813

Email : toowoomba@actionindoorsportsqld.com.au

SOFTBALL NOMINATION FORM

(continued)

TEAM MEMBER 3

Name : _____

Address : _____

Suburb : _____ Postcode: _____

Mobile : _____ Work : _____

Home : _____ DOB : _____

Email : _____ @ _____

TEAM MEMBER 5

Name : _____

Address : _____

Suburb : _____ Postcode: _____

Mobile : _____ Work : _____

Home : _____ DOB : _____

Email : _____ @ _____

TEAM MEMBER 7

Name : _____

Address : _____

Suburb : _____ Postcode: _____

Mobile : _____ Work : _____

Home : _____ DOB : _____

Email : _____ @ _____

TEAM MEMBER 9

Name : _____

Address : _____

Suburb : _____ Postcode: _____

Mobile : _____ Work : _____

Home : _____ DOB : _____

Email : _____ @ _____

TEAM MEMBER 4

Name : _____

Address : _____

Suburb : _____ Postcode: _____

Mobile : _____ Work : _____

Home : _____ DOB : _____

Email : _____ @ _____

TEAM MEMBER 6

Name : _____

Address : _____

Suburb : _____ Postcode: _____

Mobile : _____ Work : _____

Home : _____ DOB : _____

Email : _____ @ _____

TEAM MEMBER 8

Name : _____

Address : _____

Suburb : _____ Postcode: _____

Mobile : _____ Work : _____

Home : _____ DOB : _____

Email : _____ @ _____

TEAM MEMBER 10

Name : _____

Address : _____

Suburb : _____ Postcode: _____

Mobile : _____ Work : _____

Home : _____ DOB : _____

Email : _____ @ _____

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