



KALAMUNDA & DISTRICTS BASKETBALL ASSOCIATION

SENIOR TEAM NOMINATION FORM

SEASON 2, 2015

NOMINATIONS DUE BY: 15TH JULY 2015

IMPORTANT

1. **READ & COMPLETE BOTH** sides of this form.
2. Send form **along with Nomination Fee** to PO Box 57, Kalamunda 6926 **by closing date** of nominations.
3. Unpaid nominations are considered incomplete and may not be considered for the competition.
4. LATE NOMINATIONS MAY INCUR A **LATE NOMINATION FEE OF \$10.**
5. All player details are to be filled in and are considered a part of the nomination & registration process. Failure to provide this information may result in the nomination being considered incomplete and will be sent back.
6. Team Names & Uniform colours **MUST BE APPROVED** by the Association **PRIOR** to the acceptance of nominations.
7. Teams may be regraded at the discretion of KDBA.

COMPETITION DETAILS

Competition Dates: 27th July – 12th November 2015 Finals: 30th November – 3rd December 2015
General Byes: 28th September – 8th October 2015 (School Holidays)

- 50 minute time slots, 20 minute halves, 2 minute half time.
- Nominations **will not** be accepted without nomination fee.
- **ALL FEES** must be **PAID IN FULL** by 28th August 2015.
- Forfeits will incur a penalty fee.

MEN'S COMPETITIONS

A Grade	Wednesdays	<i>Timeslots:</i> 7:00pm 7:50pm, 8:40pm, 9:30pm
A Reserve	Mondays	<i>Timeslots:</i> 7:00pm 7:50pm, 8:40pm, 9:30pm
B Grade	Wednesdays	<i>Timeslots:</i> 7:00pm 7:50pm, 8:40pm, 9:30pm
C Grade	Wednesdays	<i>Timeslots:</i> 7:00pm 7:50pm, 8:40pm, 9:30pm
D Grade	Mondays	<i>Timeslots:</i> 7:00pm 7:50pm, 8:40pm, 9:30pm
Masters (over 35s)	Mondays	<i>Timeslots:</i> 7:00pm 7:50pm, 8:40pm, 9:30pm

*** Timeslots are an indication only and may be subject to change depending on number of teams in the competition.

WOMEN'S COMPETITIONS

A Grade	Mondays	<i>Timeslots:</i> 7:00pm 7:50pm, 8:40pm, 9:30pm
B Grade	Mondays	<i>Timeslots:</i> 7:00pm 7:50pm, 8:40pm, 9:30pm
C Grade	Mondays	<i>Timeslots:</i> 7:00pm 7:50pm, 8:40pm, 9:30pm
D Grade	Mondays	<i>Timeslots:</i> 7:00pm 7:50pm, 8:40pm, 9:30pm

*** Timeslots are an indication only and may be subject to change depending on number of teams in the competition.

*** Teams may be regraded at the discretion of KDBA. ***

FEES

2015	SENIOR COMPETITIONS
Nomination Fee (per team – must accompany nomination form)	\$60.00
Registration Fee (per team)	\$270.00
Game Fees (per team)	\$45.00

KDBA COMPETITIONS

Please indicate the competition you are nominating for below.

MEN'S	<input type="checkbox"/> A Grade (Wednesdays)	<input type="checkbox"/> A Reserve (Mondays)	<input type="checkbox"/> B Grade (Wednesdays)
	<input type="checkbox"/> B Reserve (Thursdays)	<input type="checkbox"/> C Grade (Wednesdays)	<input type="checkbox"/> C Reserve (Thursdays)
	<input type="checkbox"/> D Grade (Mondays)	<input type="checkbox"/> D Reserve (Wednesdays)	<input type="checkbox"/> Masters (Mondays)
WOMEN'S	<input type="checkbox"/> A Grade (Mondays)	<input type="checkbox"/> B Grade (Mondays)	<input type="checkbox"/> C Grade (Mondays)
	<input type="checkbox"/> D Grade (Mondays)		

Team Name: _____ Club: _____

Team Contact Name: _____ (please sign declaration below)

Address: _____ Postcode: _____

Ph (h): _____ (w): _____ (m): _____

Email: _____

SECOND TEAM CONTACT DETAILS ARE A REQUIRED PART OF REGISTRATION.2nd Contact Name: _____

Ph (h): _____ (w): _____ (m): _____

Email: _____

Uniform Colours – Singlet: _____ Trim: _____ Shorts: _____

PLEASE NOTE: Uniform colours must be approved by the Association FIRST to avoid teams wearing the same colours.**TEAM PLAYER DETAILS**

NAME	ADDRESS	PHONE	DOB

DECLARATION

As **Club Secretary/Team Contact**, I _____ (*Insert Name*) agree that the above mentioned team, its players and its supporters, will abide by the Local Playing Rules and Code of Conduct of the Kalamunda & Districts Basketball Association. I also agree to make sure that all the details given on this nomination form are accurate and complete. I also undertake to make sure the team pays all fees in full by the date given by the Kalamunda & Districts Basketball Association.

SIGNED: _____ **DATE:** _____**Office use only:**

Amount Paid:

Method:

Date Rec:

Inv/Rec #:

Rec'd By: