

# TEAM NOMINATION FORM

— 2024 MOUNT ISA WINTER BASKETBALL SEASON



## CONTACT DETAILS

TEAM NAME:

TEAM DELEGATE:

MOBILE NUMBER:

EMAIL ADDRESS:

## TEAM INFORMATION

PLAYER NAME	MOBILE NO.	EMAIL ADDRESS:
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11.		

THANK YOU FOR YOUR INFORMATION

EMAIL FORM TO:  
MOUNTISABASKETBALL@GMAIL.COM