

## LITHGOW SEVENS CARNIVAL TEAM NOMINATION FORM

|                   |  |
|-------------------|--|
| <b>CLUB NAME:</b> |  |
| <b>AGE GROUP:</b> |  |
| <b>TEAM NAME:</b> |  |
| <b>ADDRESS:</b>   |  |

|   |  |
|---|--|
| <b>EMAIL</b>  |  |
| <i>Please print your email address clearly including correct upper &amp; lower case</i> |  |

|                 |  |                |  |
|-----------------|--|----------------|--|
| <b>COACH:</b>   |  | <b>MOBILE:</b> |  |
| <b>MANAGER:</b> |  | <b>MOBILE:</b> |  |

|    | PLAYERS NAME | FFA# | If Playing Players from another Team from your Club, please print Team Name Here. |
|----|--------------|------|---|
| 1  |              | /    |   |
| 2  |              | /    |   |
| 3  |              | /    |   |
| 4  |              | /    |   |
| 5  |              | /    |   |
| 6  |              | /    |   |
| 7  |              | /    |   |
| 8  |              | /    |   |
| 9  |              | /    |   |
| 10 |              | /    |   |

*Carnival Office Use ONLY*

|                       |
|-----------------------|
| <b>Date received:</b> |
|                       |

|                 |  |
|-----------------|--|
| <b>Payment:</b> |  |
| <b>Cheque:</b>  |  |
| <b>Cash:</b>    |  |

|                  |
|------------------|
| <b>Approved:</b> |
|                  |