



Goulburn Basketball Association

NOMINATION FORM

TEAM NAME: _____ DIV/GRADE: _____

TEAM REPRESENTATIVE #1: _____ CONTACT NUMBER: _____

EMAIL: _____

TEAM REPRESENTATIVE #2: _____ CONTACT NUMBER: _____

EMAIL: _____

PLAYERS NAME	D.O.B	SINGLET #	ADDRESS	CONTACT #	EMAIL	REGO RECEIPT #	NOMINATION RECIEPT #

**ALL TEAMS MUST PROVIDE COMPETENT SCORE BENCH OFFICIALS FOR THEIR OWN GAMES & A TEAM REPRESENTATIVE MUST BE ON THE TEAM BENCH
ALL FEES & REGISTRATION FORMS MUST BE PAID & COMPLETED BEFORE PLAYING**