



REPRESENTATIVE PLAYER NOMINATION FORM

NELSON BAY TOUCH ASSOCIATION
PO BOX 492, NELSON BAY NSW 2315

Please return this form via email to nelsonbayjuniorrep@gmail.com

Players Name _____

Players D.O.B _____ Phone _____

Players Address _____

Players Current Registered Nelson Bay Team _____

Age, division and position being nominated for: (NO MORE THAN 3 SELECTIONS)

PREFERENCE 1

Age/Division _____ Position/s _____

PREFERENCE 2

Age/Division _____ Position/s _____

PREFERENCE 3

Age/Division _____ Position/s _____

Gender Division nominating for: GIRLS / BOYS / LADIES / MENS / MIXED / SENIOR / OPENS

JUNIOR PLAYERS PARENT/CARER DETAILS

Parent/Carer Name _____

Parent/Carer Phone _____

Parent/Carer Email _____

Parent/Carer Signature _____

Date ____/____/____