



INITIAL TEAM NOMINATIONS

Club Name: _____

Contact Name: _____

Phone Number: _____

Age Group	Number of Registrations	Number of Teams	Division (please tick)		
UNDER 6			N/A		
UNDER 7			N/A		
UNDER 8			N/A		
UNDER 8 Girls			N/A		
UNDER 9			N/A		
UNDER 10			N/A		
UNDER 10 Girls			N/A		
UNDER 11			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
UNDER 12			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
UNDER 12 Girls			N/A		
UNDER 13			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
UNDER 14			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
UNDER 14 Girls			N/A		
UNDER 15			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
UNDER 16 Girls			N/A		
UNDER 16.5			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>