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**Senior Wanderers Super Summer Sevens 2019 - Nomination Form**

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| **Team Name:** |  | **Shirt colour:** |  |
| **Team Contact/Manager:** |  | **Contact Number:** |  |
| **Contact Email:** |  | **Contact Address:** |  |
| **Alternative Contact Name:** |  | **Alternative Contact Number:** |  |
| **Alternative Contact Email:** |  | **Nominated Division:** | **Open Div 1/2 ; Open Div 3 ; Womens**  |
| **Team Payment Transferred?** | **No ; Yes (if so add date of payment)** | **Team Payment Amount:** | *[add standard team payment amount with extra insurance payments required]*  |

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|  | **Player Names** | **Date of Birth** | **FFA Number** | **Winter/Futsal Club played for in 2019** | **Division played in 2019** | **Insurance required?****($12 per player)***tick if did not play Winter/Futsal* |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |