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**Northern Inland 6er’s Girls Cricket League**

**Team Nomination Form 2017**

**Club Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Club name |  | Club Contact Name |  |
| Club Contact Phone |  | Club Contact Email |

**Team Details**

|  |  |
| --- | --- |
| Age group |  Divisions 13’s 🞏 18’s 🞏 |
| Season | Summer 🞏 |
| Team Name |  | Team Managers Name |  |
| Team Manager Email |  | Team Managers Phone |  |
| Coach Name |  | Coach Phone |  |
| Coach Email |  |

**Player Details - 9 a side in each game**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name** | **E-mail** | **CNSW Pathway Y / N** | **Town** | **Age** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |
| **9** |  |  |  |  |  |
| **10** |  |  |  |  |  |
| **11** |  |  |  |  |  |
| **12** |  |  |  |  |  |
|  |  |  |  |  |  |

**Important notes**

* This sheet will be kept by the Competition Manager and the Zone Coordinators
* All non-parents who are Coaches or Managers must email their Working with Children Check number; full name and DOB to Colin Starkey before the first game.

This Registration page must be emailed to Peter Graham Starkey\_c@hotmail.com

or faxed to Kath on 6766 3687 for more info Call (M) 0420 902 554

by COB ***Wednesday 30th November 2017.***