

ACT Softball State Team Nomination Form



Please complete the following form to be considered for selection in the 2016-2017 ACT Softball Program.

Players full name:		
Players current address:		
Contact Name: (if under 18)		
Relationship to player:		
Contact phone number:		
Contact email address:		
Players DOB:		
Players club:		
Please tick the following:		
Age Group you want to be considered for:	Open's	<input type="checkbox"/>
	U23's	<input type="checkbox"/>
	U19's	<input type="checkbox"/>
	U17's	<input type="checkbox"/>
	U15's	<input type="checkbox"/>
Men's <input type="checkbox"/>	Women's <input type="checkbox"/>	
Were you in a state team last year 2015-16?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, which team?		
Preferred Positions:		
Players signature:		
Contact's signature: (if under 18)		

All completed forms need to be signed, scanned and emailed back to: softballact@bigpond.com by cob Friday 29 July 2016.