



## 2021 CBH Group Country Championships 5<sup>th</sup> - 7<sup>th</sup> June 2021 MEN

### NOMINATIONS FOR PLAYERS

This form **must** be completed in full and signed where applicable. Please return nomination forms to the stadium office together with the **\$85** nomination fee **or Direct Deposit** BSB: 633 000 AC: 165592841 (please put your name as reference) or EFTPOS at the bar, by no later than **10<sup>th</sup> May, 2021**.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: H: \_\_\_\_\_ M: \_\_\_\_\_

Email: \_\_\_\_\_

The number of teams entered in the event will depend on the number of nominations received. Teams will be selected for all grades once nominations have closed.

#### PREFERRED PLAYING POSITION:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

*In submitting this application for selection, I agree to abide by the Rules and Regulations of the Busselton Hockey Association Incorporated and its appointed Selectors, Coaches and Managers. I acknowledge that any behaviour deemed inappropriate to the Rules and Regulations of the Association, and the public's accepted code of behaviour, may result in my dismissal from the Team and my immediate return to Busselton, with any costs therein incurred my sole responsibility.*

Signature of Nominee: \_\_\_\_\_ Date: \_\_\_\_\_

#### Parent/ Guardian Signature:

I hereby give permission for my son/daughter to attend the CBH Group Country Championships and acknowledge the above comments in respect to the Rules and Regulations and Code of Behaviour.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parents are you able to help? ( ) Coach ( ) Manager ( ) Umpire ( ) Other

Parents Name: \_\_\_\_\_ Contact: \_\_\_\_\_