

## Judo NSW State Squad Request for Inclusion in Selection Process

First Name			Last Name			Club	
Phone			Email				
Age Division		Weight Division		Grade		JFA Reg #	
Reason for not meeting the selection criteria?							
Reasons why player should be considered?							
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Eligib	ility Granted			te Coach			
				gnature	Team Nomination 5	orm	
These forms should be completed and submitted with a State Team Nomination Form.  Please attach any additional information as necessary.							

Please note that each case will be assessed on an individual basis.