Team Nomination Form Season 2019

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| I wish to nominate the following indoor hockey team for: | **Senior Mixed Junior Mixed 10 - U17 yrs (as at 1/8/19)** |  **Nominations close** 22nd September 2019 |

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| --- | --- |
| **Team Name** |  |
| **Team Manager****Must be over 18** | **Name** |  | **Phone** |  |
| **Email** |  |
| **Proposed playing uniform colours** |
| **Shirts** |  | **Shorts / Skirts** |  | **Socks** |  |
| **Team Umpires Name** |  | **Team Umpire Contact Number** |  |

**TEAM NOMINATION MAY NOT BE ACCEPTED IF YOU DO NOT NOMINATE AN UMPIRE**

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| --- | --- | --- | --- | --- |
| **No.** | **Players 1st Name** | **Players Surname** | **Players DOB*****(U18’s only)*** | **2019 Field Hockey Club & Association** |
| GK |  |  |  |  |
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| 11 |  |  |  |  |
| 12 |  |  |  |  |



* Completed Nomination Form is to be returned to SCIH via email: *info@scih.org.au* including a $200 team nomination fee to SCIH

Bank Transfer to Heritage Bank – **Acc Name:** Sunshine Coast Indoor Hockey **BSB:** 638 010 **Acc No:** 14492792 **Reference:** Team Name

* Team Manager will be notified via email and published on SCIH website of grading games and the season draw.
* All players & officials are subject to Hockey Australia Membership Protection Policy & Code of Behaviour and must be financial with Hockey Qld.

*Note: SCIH reserves the right to grade teams into any division & has the right to refuse any player or team nomination.*