



Team Nomination Form

Club: _____ Completed By: _____

Club Suggested Division

		A	B	C	D	E	F	G	H	J	K	L	M	N	O	P	Q	R	S	T	U	
12 Years Age Group																						
	Rating ?/10																					
13 Years Age Group																						
	Rating ?/10																					
14 Years Age Group																						
	Rating ?/10																					
15 Years Age Group																						
	Rating ?/10																					
16 Years Age Group																						
	Rating ?/10																					
17 Years Age Group																						
	Rating ?/10																					
18 Years Age Group																						
	Rating ?/10																					
19 Years Age Group																						
	Rating ?/10																					
25 Years Age Group																						
	Rating ?/10																					

** If enough teams are interested this competition will go ahead*

All Age Friday																						
	Rating ?/10																					
All Age Saturday																						
	Rating ?/10																					

Over 35 Friday																						
	Rating ?/10																					
Over 35 Saturday																						
	Rating ?/10																					

Over 45 Friday																						
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- * When completing the form place a cross(x) in the division you think your teams for that age group will be best suited for.
- * The divisions for each age group are based on the number of divisions last year for that age group.
- * Also give a ranking out of 10 for each team in the age group, **10-Highest to 1-Lowest** (this will assist if the amount of divisions varies this year).
- * Information on each team is to be completed on the separate "Team Grading Sheet" form.
- * The Team Nomination Form is only a recommendation and final divisions will be determined by the Zones.
- * The decision of the Zones of any team registration and its Division is final and not subject to appeal to any authority.