



2019 REPRESENTATIVE NOMINATION FORM

Please tick age group: 12 YRS 13 YRS 14 YRS 15 YRS

NAME:

D.O.B:

ADDRESS:

..... P/CODE:

PHONE NO: MOBILE NO:

E-MAIL:

PLAYING POSITIONS: 1st preference: 2nd preference:

PLAYING HISTORY: (include previous Representative history if applicable)

.....
.....
.....

Please list any sporting or other commitments you are involved in which could interfere with attendance at training on a Wednesday afternoon starting late January/Early February:

.....
.....

Association and Team currently registered with

Signed: Date:
(player)

Signed: Date:
(parent / guardian)

*** NOMINATIONS CAN BE HANDED IN AT THE CDNA OFFICE WITH YOUR \$10 NOMINATION FEE OR EMAILED TO rep@cdna.org.au.** Payment can be made via Direct Deposit to the following account:

CDNA Bendigo Bank

BSB: 633 000

ACC: 131227084

Reference: Rep Trial & Child's Name

**ALL SELECTIONS ARE FINAL, NO CORRESPONDENCE WILL BE ENTERED INTO.
NOMINATIONS CLOSE ON 13 OCTOBER 2018**