



NOMINATION FORM BRISBANE REPRESENTATIVE TEAMS

NOMINEE'S NAME: _____

(Print clearly in CAPITAL letters only)

The Secretary,
Brisbane Hockey Association Inc

I wish to be considered for selection in the Brisbane Representative Senior Team/s that will compete in the **Premier League** (Brisbane) and the **State Open Championships** (Toowoomba). My details are as follows:

My present BHA Club is: _____ Division: _____

My usual position in the team is: _____

I can also play these positions: (1) _____ (2) _____

Full Name: _____

Date of Birth: ____/____/____

Private Address: _____

Postcode: _____

Telephone: (____) _____ (H) (____) _____ (W)

Mobile: _____ Email: _____

Signed: _____ (Player)

Signed: _____ (Parent or Guardian if player is under 18)



(Detach & retain this section for your own information)

Notes for BHA Representative Team/s

- **Premier League:** Brisbane, 1st, 2nd & 3rd May 2004
- **State Open Championships:** Toowoomba, 12th, 13th & 14th June 2004

Accommodation details (if any) and a draw will be forwarded to successful nominees when available.

This form is to be completed & returned **not later than 5pm, 2nd April 2004**
Postal: BHA Inc, PO Box 503, MORNINGSIDE, Q, 4170 or Fax: 3399 9825