NOMINATION FORM — INDOOR CRICKET

www.cisc.net.au

Phone- 5495 5570 CABOOLTURE INDOOR SPORTS CENTRE Fax-5495 5366
82 Lear Jet Drive, Caboolture

SUMMER SEASON - 2010
SEASON DATES
Season Starts: 4th October

Team Name: _____

Grade: (preferred) _____ **Grade:** (last season) _____

Captain: _____ **Phone:** (H) _____ (W or M) _____

* **Preferred Nights :-** MON ☐ TUE ☐ THU ☐

(Mark at least 2 nights in order of preference i.e. 1,2,3)
(If your team can play all 3 nights - GREAT!)

* **Preferred Times :-** 6.00pm ☐ 7.15pm ☐ 8.30pm ☐

* **Points to note:-** - ***30's & A Grade /Cash comp*** **play Thursday nights**

TEAM MEMBERS (if known)

NAME	ADDRESS	PHONE

Captain's Comments:

PLEASE NOTE

This Centre now provides Participant Insurance for All Players.
For full details, please see centre notice boards or visit our website www.cisc.net.au

Captain's Signature: _____

TEAM CAPTAINS MUST PASS ON TO ALL TEAM MEMBERS INFORMATION REGARDING LOCAL RULES, CONDITIONS & WARNINGS!!!