NOMINATION FORM — INDOOR CRICKET

www.cisc.net.au

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

SPRING SEASON - 2008
SEASON DATES
Season Starts: 15th Sept

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:-** - *Over 30's* play Thursday nights
- *Mixed* play Friday nights

TEAM MEMBERS (if known)

NAME	ADDRESS	PHONE

Captain's Comments:

!!! WARNING !!!

The use of all facilities at this centre, including carparking, is entirely at patrons own risk. We do not provide player insurance but do ask that team captains ensure players are aware of the dangers that are involved with indoor sports courts.

Captain's Signature: _____

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