

NOMINATION FORM



BEACH VOLLEYBALL

www.cisc.net.au

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

AUTUMN SEASON - 2012
SEASON STARTS
Mixed/Ladies 4's - 13th-14th February (Mon/ Tues)
Open 4's/Pairs - 16th February (Thurs)

Team Name: _____

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

Grade: (Opens/Ladies/Mixed) _____ (2's/4's) _____

TEAM MEMBERS (if known)

NAME ADDRESS PHONE

TEAM PREFERENCES

Evening (M,T,W,Th)	Game Times (6.20, 7.00, 7.40, 8.20)
Best.....	Best.....
2nd.....	2nd.....
3rd.....	3rd.....

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!!!