

NOMINATION FORM



BEACH VOLLEYBALL

www.cisc.net.au

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

SPRING SEASON 2008
SEASON DATES
Mixed/Ladies 4's - 8th Sept
Open 4's - 11th Sept

Team Name: _____

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

Grade: (Opens/Ladies/Mixed) _____ (2's/4's/6's) _____

TEAM MEMBERS (if known)

NAME	ADDRESS	PHONE
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TEAM PREFERENCES

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

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!!!