



**2018 Intercity Shield Rep-Series  
Junior Nomination Form**

**Centre (check one):** **Biloela**  **Cap Coast**  **Emerald**  **Gladstone**  **Rockhampton**

Player's Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Club: \_\_\_\_\_ Preferred Position: \_\_\_\_\_

Please tick the box for the team you are nominating for (Players are to register in the age group according to their Year of Birth [YoB] date):

TEAM	YoB	TICK
<b>U11 Boys</b>	<b>2007</b>	
<b>U12 Boys</b>	<b>2006</b>	
<b>U13 Boys</b>	<b>2005</b>	
<b>U14 Boys</b>	<b>2004</b>	
<b>U15 Boys</b>	<b>2003</b>	
<b>U16 Boys</b>	<b>2002</b>	
<b>U11 Girls</b>	<b>2007</b>	
<b>U13 Girls</b>	<b>2005</b>	
<b>U15 Girls</b>	<b>2003</b>	

Community Cup (State Championships)	INDICATE YES/NO BELOW
I am also interested in being chosen for a zone team in the June Community Cup NB – no U11 teams (COACHES HAVE DETAILS)	

Contact Details: Email (please print in capitals): \_\_\_\_\_ Phone: \_\_\_\_\_

Approval of Parent/Guardian:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ *Please Note: Nomination Forms submitted without signature of a parent or guardian will not be accepted.*