





# NETBALL WA ABORIGINAL YOUTH GALA DAY SATURDAY 22 APRIL 2023

#### **TEAM NOMINATION INFORMATION – VERSION 2**

#### NOMINATION DOCUMENTS

Please provide the information below to <u>competitions@netballwa.com.au</u> when registering:

- 1. Coordinator Contact Details & Team Name
- 2. Team Nominations Summary (player names must be submitted)
- 3. Team Payment Details (payment must be made at time of team registrations)
- 4. Player and Officials Registration Form (1 form per team nominated)
- 5. Working with Children Check Information (WWCC) (photocopy of card preferred)

#### **TEAM FEES**

2023 Aboriginal Youth Gala Day team fees contribute to the following:

- Awards & Trophies
- Venue hire, court hire and venue operations
- 1 x match balls per team
- First aid service (does not include strapping for pre-existing injuries)
- Event insurance for players, coaches and team officials

#### **CLOSING DATE**

Registrations must be received no later than Monday 17 April 2023.

#### **FIXTURES AND DIVISIONS**

All efforts will be made to make the competition as fair and equitable as possible. Pending team nominations fixtures will be released two – three days prior to the competition.

#### **WORKING WITH CHILDREN CHECK**

Any official that is registered with a team (i.e. coach, manager) must submit their Working with Children Check (WWCC) details, unless they are under 18, or if they have a child playing within that team.













### 1. COORDINATOR CONTACT DETAILS

Team Name			
Coordinator Name			
Coordinator Phone	Ph	М	
Coordinator Email			

## 2. TEAM NOMINATIONS SUMMARY

<b>Division</b> (Ages are as of 31 December in the year of competition)	Team Fee (GST Inc)	Number of Teams	Total Due				
NetSetGO (8–10 year old)	EOI*						
GRS Sites – Subsidised Teams	\$0.00	2	\$0.00				
12 & Under Division	\$242.00		\$				
14 & Under Division	\$242.00		\$				
16 & Under Division	\$242.00		\$				
18 & Under Division	\$242.00		\$				
18 & Under Boys Division	EOI*		\$				
TOTAL EN	TRY FEES A	LL TEAMS	\$				
TOTAL AMOUNT DUE							

Carnival rules state that a minimum of **five** Aboriginal or Torres Strait Islander players must be on court at one time.

\*Expressions of Interest (EOI) – These divisions will pend number of nominations. No fee applicable

### 3. TEAM PAYMENT DETAILS

VISA □ MASTERCARI	D □ CHEQUE □ (check	box to indicat	te payme	nt
method)				
Name on Card				
Card No				
Card Expiry	/	CCV		
Signature		Date		
Receipt Required (receipts	will be sent via email to the	Э	Υ	N□
Coordinator)				

Note – teams are only officially registered once payment has been received





200 Selby Street JOLIMONT 6014 PO Box 930 SUBIACO 6904







# 4. PLAYER & OFFICIALS REGISTRATION FORM (1 FORM PER TEAM)

Team # 1 Name							
Age Group (please check 1 box)	NSG □	12U J Boys	J 🗆	14U	□ 16U	18U	
	Name						
Team Coach	Email						
	Ph				WWCC#		
Player Name			DOB		Identified a		Torres
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Team	ı # 2 Name							
	Group se check 1 box)	NSG □	12U J Boys	J 🗌 14l	J	□ 16U	18U	
		Name						
Team	Coach	Email						
		Ph				WWCC#		
Playe	r Name			DOB		Identified as A Strait Islande		Torres
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Team	# 3 Name								
Age (	Group se check 1 box)	NSG □	12U J Boys	J 🗆	14U		16U	18U	
		Name							
Team	Coach	Email							
		Ph				wwcc	#		
Playe	r Name			DOB		Identifi Strait Is			Torres
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Team	# 4 Name									
	Group	NSG 🗆		J 🗆	14U		.6U 🗆		18U	
(plea	se check 1 box)	□ 180	J Boys							
		Name								
Team	Coach	Email								
		Ph		wwcc#						
Playe	r Name			DOB		Identifie Strait Isl				Torres
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Team	# 5 Name								
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(piea:	se check 1 box)	☐ 18U	J Boys						
		Name							
Team	Coach	Email							
		Ph				WWCC #	#		
Playe	r Name			DOB		Identifie Strait Isl			Torres
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Team # 6 Name								
Age Group (please check 1 box)	NSG □	12U J Boys	J 🗆	14U	□ 16U	J 🗆	18U	
	Name							
Team Coach	Email							
	Ph				WWCC#			
Player Name			DOB		Identified a Strait Islan			Torres
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Team	# 7 Name								
	Group se check 1 box)	NSG □	12U J Boys	J	14U		16U	18U	
		Name							
Team	Coach	Email							
		Ph				WWCC :	#		
Playe	r Name			DOB		Identifie Strait Isl			Torres
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Team	# 8 Name								
Age (	Group se check 1 box)	NSG □	12U J Boys	J 🗆	14U		16U	18U	
		Name							
Team	Coach	Email							
		Ph				wwcc	C#		
Playe	r Name			DOB		Identif Strait I			Torres
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Team	# 9 Name					
	Group se check 1 box)	NSG □	J Boys	J 🗌 14U	□ 16U	□ 18U □
		Name				
Team	Coach	Email				
		Ph			WWCC#	
Playe	r Name			DOB	Identified as Strait Islande	Aboriginal or Torres er? (Y / N)
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Team # 10 Name									
Age Group (please check 1 box)		NSG							
		Name							
Team Coach		Email							
		Ph				WWCC#			
Player Name			DOB		Identified as Aboriginal or Torres Strait Islander? (Y / N)				
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