NDWHA Player Nomination Form (All sections must be filled in to be valid)

Name:	D.O.B	
Address:		
Age Group Nominating: 11	l's, 13's, 15's, 18's, Open's, Masters	
Playing Position: 1st choice	e 2nd Choice_	
Contact Details:		
Phone:	<u>(</u> home)	(mobile)
E-mail:		
Payment Method of Repres	sentative Levy of \$110.00: DIF	RECT DEPOSIT /
	are: Iewcastle District Women's Hockey astle West", BSB 012-780, Account	
	I IN EMAIL OR POSTAL FORM PAYMENTS FOR YOUR NOMIN	
Please email your nominati	ions to: <u>ndwha@newcastlehockey.co</u>	<u>m.au</u>
	or	
Post your nomination by th	e advertised closing date to:	

Secretary NDWHA PO Box 212, New Lambton NSW 2305