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

Name:	D.O.B		
Address:			
Age Group Nomina	ating: 11's, 13's, 15's, 18's, Op	pen's, Masters	
Playing Position: 1s	st choice	2nd Choice	
Contact Details:			
Phone:	(home)		(mobile)
E-mail:			
Direct deposi Name of Acc ANZ Branch	f Representative Levy of \$110 t details are: ount: Newcastle District Won "Newcastle West", BSB 012- TATCH IN EMAIL OR POS	nen's Hockey Asse 780, Account no:	ociation Inc. "2065-88567".
	OSIT PAYMENTS FOR YO		
Please email your n	ominations to: ndwha@newca	astlehockey.com.a	<u>u</u>
	or		
Post your nomination	on by the advertised closing da	ate to:	
	Secretary NDWHA PO Box 212, New Lambton NSW	V 2305	