



NDWHA Player Nomination Form

(All sections must be filled in to be valid)

Name: _____ D.O.B _____

Address: _____

Team Nomination: **Masters** - indicate age group preferred by number(s)

35-1 35-2 40-1 40-2 45 50

Playing Position: 1st choice _____ 2nd Choice _____

Contact Details:

Phone: _____ (home) _____ (mobile)

E-mail: _____

Uniform required Yes No Shirt Number # _____

Payment Method of Representative Levy of \$110: DIRECT DEPOSIT / CHEQUE

Direct deposit details are:

Name of Account: Newcastle District Women's Hockey Association Inc.

ANZ Branch "Newcastle West", BSB 012-780, Account no: "2065-88567".

“YOU MUST ATTATCH IN EMAIL OR POSTAL FORM THE PRINT OUT RECEIPT OF DIRECT DEPOSIT PAYMENTS FOR YOUR NOMINATION TO BE VALID AND ACCEPTED.”

Please email your nominations to: rep@ndwha.com.au
or

Post your nomination by the advertised closing date to:

Secretary NDWHA
PO Box 212,
New Lambton NSW 2305