

## NDWHA Indoor Player Nomination Form

(All sections must be filled in to be valid)

Name:		D.O.B	
Address:			
-			
Age Group Nominating: 13's, 15's, 18's, Open's, Masters			
Playing Positio	n: 1st choice	2nd Choice	
Contact Detail	s:		
Phone:	<u>(</u> home)		(mobile)
E-mail:			
Payment Metho	od of Representative Levy of \$130:	DIRECT DEPOSIT	/ CHEQUE
Name of	posit details are: Account: Newcastle District Wom nch "Newcastle West", BSB 012-7	•	
	ATTATCH IN EMAIL OD DOG	TAL FORM THE DR	ντ ουτ ρεςμ

## **"YOU MUST ATTATCH IN EMAIL OR POSTAL FORM THE PRINT OUT RECIPT OF DIRECT DEPOSIT PAYMENTS FOR YOUR NOMINATION TO BE VALID AND ACCEPTED."**

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