

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