

Arncliffe Scots Centenary Masters’ Tournament

Team Nomination Form

|  |  |
| --- | --- |
| Team Name |  |
| Club |  |

Manager

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  |  |  |
| Email |  | Mobile |  |

Team Members (Manager at 1 if playing)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | First | Surname | DOB | Email | Mobile |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |
| 13 |  |  |  |  |  |
| 14 |  |  |  |  |  |
| 15 |  |  |  |  |  |
| 16 |  |  |  |  |  |

When complete, email to secretary@scotsbaseball.org.au