



Victorian Womens Superleague Association Inc.

President

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Treasurer

Lynne Rosseland
21 McDowall Street
MITCHHAM Vic 3132
☎ 03 9873 3534 AH

Team Nomination Form 2008

Team Name: _____

Venue: _____

Address: _____

Phone: _____

* **Captain / Manager** (please delete as applicable)

First Name: _____ **D.O.B:** _____

Address: _____

Town/Suburb: _____ **Postcode:** _____

Phone: Home: _____ **Work:** _____

Mobile: _____

Email Address: _____

Team Members: (Please give a brief eightball resume of each player)

Please note: Players changing teams **must** fill out a clearance form before they can be accepted into a new team, unless the team they have left has folded and will not compete in 2008. Clearance forms are available in team folders or contact the President for another form. Team nomination forms handed in after this date may incur penalties.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

I have enclosed a cheque/money order payment of \$100 for Team Nomination.

Team Captain or Manager's signature

Date