



Cornerstone

BUSSELTON AMATEUR BASKETBALL ASSOCIATION

TEAM NOMINATION FORM

**Please return clearly & fully completed to your Club*

DIVISION (AGE GROUP)	
<input type="checkbox"/> U10 GIRLS	<input type="checkbox"/> U10 BOYS
<input type="checkbox"/> U12 GIRLS	<input type="checkbox"/> U12 BOYS
<input type="checkbox"/> U14 GIRLS	<input type="checkbox"/> U14 BOYS
<input type="checkbox"/> U16 GIRLS	<input type="checkbox"/> U16 BOYS
<input type="checkbox"/> U19 GIRLS	<input type="checkbox"/> U19 BOYS
<input type="checkbox"/> SENIOR WOMEN	<input type="checkbox"/> SENIOR MEN

TEAM NAME: _____

GRADE TEAM REQUESTED:	
GRADE CLUB REQUESTED:	

TEAM COACH				TEAM MANAGER			
NAME:				NAME:			
PHONE:				PHONE:			
EMAIL:				EMAIL:			
WWCC:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> EXEMPT	WWCC:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> EXEMPT

**Minimum of 7 players are required to nominate a team (BABA encourage Teams nominate with 8 Players)*

**Senior teams only must appoint one of its players as Team Captain and Vice-Captain*

*Please indicate highest level achieved in **previous season**;
MAX 9 points per team*

CAPTAIN: _____ VICE-CAPTAIN: _____

FIRST NAME	SURNAME	SCHOOL YEAR	DOB	EMAIL	PHONE	PRIOR YEAR CLUB & TEAM NAME	BLAZER REP 2 points	WABL 4 points	STATE / NBL1 5 points	TOTAL POINTS
TOTAL										

** Please refer to BABA By-laws Section 7 for clarification to Representative Player points.*