

2011 WOMEN'S MASTERS MANAGER NOMINATION FORM

Name:

Address:

Email:.....

Mobile No: Home No:

Club (if applicable): Date of Birth:.....

Please indicate your team preference from the following:

- Div 2 – team 1
- Div 2 – team 2
- Div 4 – team 3
- Div 6 – team 4 (depending on numbers of nominations, we may/may not have a 4th team)

Comments relating to preferences above:

.....
.....

Please briefly list previous manager experience.

.....
.....
.....
.....
.....
.....
.....
.....

Please provide a statement of what you believe to be important to the team.

.....
.....
.....
.....
.....
.....

I have read and agree to follow the Team Administration Code of Conduct (Manager's and other appointed officials) 2010 set by Hockey QLD.

Signature of Applicant.....

DATE:/..... /