

2012 MIXED DOUBLES



TEAM NOMINATION FORM

DIVISION A B C

(Please note that VWA will rank teams according to State Series points if we need to balance out the grades)

PLAYER 1

Player's Name _____
Phone Number _____
Email _____
VWA Member YES NO

PLAYER 2

Player's Name _____
Phone Number _____
Email _____
VWA Member YES NO

The team nomination form is to be returned to Volleyball WA (brammer@volleyballwa.com.au or fax 08 9228 8533) with the nomination fee of \$60 no later than TUEASDAY, 7th February 2012 5.00pm

PAY BY: Cheque Cash Credit Card

Amount Enclosed: \$..... Visa MasterCard

(Credit Card Incurs 4% Bank fee)

Card Name: _____

Card Number: ____/____/____/____ Expiry Date: ____/____

Signature: _____

Direct Deposit Volleyball WA; Commonwealth Bank; BSB 066106 A/C #: 902237