



Nomination Form

(One form per team – please complete the form in BLOCK letters)

TEAM NAME (CLUB): _____

TEAM CONTACT NAME: _____

MOBILE: _____ FAX: _____

EMAIL: _____

DIVISION: MALE FEMALE
 A B A B

No	Players Name
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

NOMINATIONS CLOSE: Tuesday 1st MARCH 2011 5.00pm

SEND ENTRIES TO

Volleyball WA PO Box 133, Leederville WA 6903

Email: makuch@volleyballwa.com.au Phone: 9228 8522 Fax: 9228 8533