# 2010 VET WOMEN'S INDIVIDUAL NOMINATION

**INDIVIDUAL NOMINATIONS WILL NOT BE ACCEPTED AFTER HOCKEY QUEENSLAND CLOSING DATE.**
**LATE NOMINATIONS ARE NOT PERMITTED AT THE STATE CHAMPIONSHIP**

This form is to be completed by the player and returned to your association. This form is not to be sent to Hockey Queensland. The details of this form must be inputted onto the State Team Individual Nomination Spreadsheet (Form 2A) by your association and sent to Hockey Queensland before the Closing Date as listed on the Administration Calendar.

State Team Nominations will be announced during presentations on the final day of the Championship. Nominees must be in attendance to ensure they receive important paperwork if successful.

Enquiries regarding selection will be provided on request no earlier than 24 hours after the team has been announced. Enquiries are to be forwarded to the Hockey Queensland Selection Panel Convenor.

**I am nominating for:** ☐ 35+ ☐ 40+ ☐ 45+ ☐ 50+ ☐ 55+ ☐ 60+

**If unsuccessful for a Queensland State Team, I would like to request a clearance:** ☐

Should you be selected for a State Team, player or shadow, the below information will be used to contact you after the team has been announced. If any of the details change, please be sure to contact Hockey Queensland to update your details.

**NAME:** _____

**ADDRESS:** _____ **POST CODE:** _____

**MOBILE PHONE::** _____ **HOME PHONE:** _____

**EMAIL:** _____

## PLAYING PARTICULARS

Association: Team Number: Competing at: WARWICK

Preferred Playing Position:
1. 2. 3. 4.

Representation and particulars of recent playing career (please include year selected)

Australian Team / Squad: _____

State Team / Squad: _____

Association: _____

Current Club, Team and Grade: _____

Awards Won: _____

☐ By ticking this box I acknowledge that I have read and understood the Hockey Queensland Nominations Details form (as supplied by my Association) and I agree to the conditions of selection as determined by Hockey Queensland.

☐ By ticking this box I acknowledge that I have forwarded my nomination fee to Hockey Queensland, and that if my nomination fee is not received by Hockey Queensland then my nomination will not be accepted.

Signature of Nominee: _____ Date: _____
(if 17 or under, parent/guardian to sign)

Signature of Association: _____ Date: _____

Once complete, print this document and return it to your association by their closing date.