

# NOMINATION FORM

**COWRA & DISTRICT SOCCER CLUB Inc. CARNIVAL. 16th AUGUST, 2009.**

Carnival Coordinators.  
Scott & Belinda Carpenter.

Cowra & District Soccer Club Inc.  
P.O. Box 382 Fax 6341 1700  
Cowra, 2794. E-mail: memory\_foam@bigpond.com

Dear Scott & Belinda,  
I would like to nominate the following teams in your soccer carnival on the 16th August 2009:

<u>AGE GROUP</u>	<u>TEAM NAME</u>	<u>COLOURS</u>
8s	_____	_____
_____	_____	_____
10s	_____	_____
_____	_____	_____
12s	_____	_____
_____	_____	_____
14s	_____	_____
_____	_____	_____
16s	_____	_____
_____	_____	_____

Name of Referee(s): \_\_\_\_\_ Qualified: Yes / No

In total, \$\_\_\_\_\_ accompanies this nomination (\$60 for each team.) (\$50 for U8's),  
either as: (please tick where appropriate.)

- Cheque (if mailed) (Made out to Cowra & District Soccer Club. Inc.)
- Direct Deposit into Commonwealth Bank. BSB no: 062 529. AC/NO:1010 9946 .
- I have written the deposit/transfer number and my team's name & age group into the reference details.

CONTACT PERSON: \_\_\_\_\_

CLUB NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**Please send ASAP to avoid disappointment. FAX: 63411700. EMAIL: memory\_foam@bigpond.com**