



Entries close  
14th March.

Return to:  
Executive officer  
Badminton WA  
PO Box 39  
Madeley 6065  
WA.

**STATE TEAM NOMINATION**

Please accept this as my nomination for MANAGER of the **Badminton WA SENIOR State Team.**

NAME	
POSTAL ADDRESS	
SUBURB	
POSTCODE	
HOME PHONE	
MOBILE PHONE	
EMAIL	
DO YOU HAVE A POLICE CLEARANCE or WORKING WITH CHILDREN CERTIFICATE?	Circle YES                      NO
If yes provide the registration number.	
Summary of previous team managerial experience or other relevant information	
Are you registered with Badminton WA?	Circle YES                      NO
If yes, which club?	

I understand that if selected for this position I will be required to undertake all managerial responsibilities related to the SENIOR Team prior to, and at, the Ede Clendinnen Shield and Australian Closed Championships.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**(Please make yourself familiar with the ByLaws relating to State Team Managers, plus the relevant Codes of Conduct : see the website. [www. badmintonwa.org.au](http://www.badmintonwa.org.au))**