

This team is travelling
to Adelaide
6th July – 17th July



STATE TEAM NOMINATION

Entries close
10th April 2017

Please complete and email the
Nomination Form to
bawa@badmintonwa.org.au
Attn: Executive Officer

Please accept this as my nomination for MANAGER of the
2017 **Badminton WA U19 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 managerial experience	
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 duties related to this 2017 team and accompany the team to the C P Maddern Trophy event and Australian U19 Championships in 2017.

Signed: _____ Date: _____

(Please make yourself familiar with the ByLaws relating to State Team, plus the Codes of Conduct relating to Players, Coaches. Administrators, Spectators etc...on the website. [www. badmintonwa.org.au](http://www.badmintonwa.org.au))