

# INITIAL NOMINATIONS

Club Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Preference U11 to 16.5 :      1                              2                              3  
 (please tick)                      Geographic                      Category                      Division

Age Group	Number of Players Registered	Number of Teams	Category A or B	Division 1, 2, 3
UNDER 8			N/A	N/A
UNDER 8 Girls			N/A	N/A
UNDER 9			N/A	N/A
UNDER 10			N/A	N/A
UNDER 11				
UNDER 11 Girls			N/A	N/A
UNDER 12				
UNDER 13				
UNDER 13 Girls			N/A	N/A
UNDER 14				
UNDER 15				
UNDER 16.5				

If choosing Option 2, please indicate if your club is a category A or B club.

If choosing Option 3, please indicate which division you believe your team should be nominated in.