

**2018 U16 Victorian Men's State Team Player Nomination Form**

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| **First Name** | **Surname** | **Address** | **Email** | **Home Phone** | **Mobile** | **DOB** | **Height** | **Playing Position** | **NITP or U15 SCC Athlete** |
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**Nominations close Friday 9 February, 2018**

**The Association Representative is to complete this form and return by email to:**

**Dom Linossier**

**domlinossier@gmail.com**

**Please rank players with first named player ranked No. 1**

**Completed By:**

**Date:**

**Association:**

**Phone:**

**Mobile**

**Email:**