



TOP END INDOOR SPORTS CENTRE

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 Stuart Park NT 0820
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TEAM NOMINATION FORM

Thankyou for selecting Top End Indoor Sports Centre to enter your team. Please complete the following form accurately so that we can provide you with the best possible fixture. Send your completed form to us by fax, email or post, or bring it in to the centre on your next visit.

1. In which competition do you wish to enter a team? Please tick the appropriate sport.

Cricket	Netball	Soccer
<input type="checkbox"/> Mixed	<input type="checkbox"/> Mixed	<input type="checkbox"/> Mixed
<input type="checkbox"/> Mens	<input type="checkbox"/> Ladies	<input type="checkbox"/> Ladies
<input type="checkbox"/> Junior	<input type="checkbox"/> Junior	<input type="checkbox"/> Junior

2. What is your team name? _____

3. Please complete the following details for your nominated team captain:

Name: _____
 Telephone: Day _____ Night _____ Mobile _____
 Address: _____
 _____ Postcode: _____
 Email: _____ Fax: _____

4. What are the team's preferred nights to play? Please indicate your first three choices with numbers 1, 2 and 3
 Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___ Sunday ___

5. Please indicate which game times are suitable for your team by circling 'Yes' or 'No'. We will endeavour to make sure your team plays at the most convenient times.

Cricket	Netball	Volleyball	Soccer
5:30 Yes/No	5:00 (Sun only) Yes/No	6:00 Yes/No	5:00 Yes/No
6:50 Yes/No	5:45 Yes/No	6:45 Yes/No	6:30 Yes/No
8:10 Yes/No	6:30 Yes/No	7:30 Yes/No	
9:30 Yes/No	7:15 Yes/No		
	8:00 Yes/No		
	8:45 Yes/No		
	9:30 Yes/No		

6. Do you wish to avoid a fixture clash with another team(s)? Please list the sport and team names below.

1. _____ 2. _____ 3. _____

7. I agree to pay a forfeit fine of one game fee if we forfeit our fixtured game

Signed: _____(Captain) Date: _____