ACT SUNDAY SOCIAL CRICKET ASSOCIATION

2024-25 EXISTING TEAM NOMINATION FORM

TEAM NAME
Teams must supply details of two team contacts
TEAM CONTACT 1
PHONE NUMBER(S)
EMAIL ADDRESS
TEAM CONTACT 2
PHONE NUMBER(S)
EMAIL ADDRESS
HOME GROUND PREFERENCE – NORTH/ SOUTH/ CENTRAL/ NO PREFERENCE (indicate one only)

Nomination form and entry fee of \$900 must be received by 6 September 2024

Forms and payment can be submitted

- in person at Annual General Meeting (7.00pm Friday 6 September 2024 Belconnen Labor Club at 51 Chandler Street, Belconnen) or
- by post to ACTSSCA, 303/35 Furzer Street, Phillip, ACT, 2606

If paying by direct debit a copy of the successful funds transfer receipt <u>MUST</u> be emailed to <u>actsocialcricket@yahoo.com</u>

Cheques or money orders payable to:	Direct debit:
ACTSSCA	Account Name: ACT Sunday Social Cricket Association Inc BSB: 082902 Account No: 489743706

For queries contact: Angus Algie, President ACTSSCA actsocialcricket@yahoo.com 0404 142 144 www.actsocialcricket.com