

ACT SUNDAY SOCIAL CRICKET ASSOCIATION

2025-26 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 **\$1050** must be received by 5 September 2025

Forms and payment can be submitted

- in person at Annual General Meeting (7.00pm Friday 5 September 2025 – 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**
MUST be emailed to **actsocialcricket@yahoo.com**

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

Angus Algie, President ACTSSCA

actsocialcricket@yahoo.com

0404 142 144

www.actsocialcricket.com