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| --- | --- | --- | --- |
| **Given Name** |  | **Surname** |  |
| **Address** |  | **Post Code** |  |
| **Phone** |  | **Email**  |  |
| **Mobile**  |  |  |  |

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| **Position nominating for** (please tick) | **Rep Coach** |  | **Rep Manager** |  |

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| **JNR State Titles** |  | **SNR State Titles** |  | **Metro League** |  | **Development Squad**  |  | **Court Craft Summer Series**  |  |

**Qualifications to be listed or attached**

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| **Working with Children Number** |  |

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| --- | --- |
| **Signature**  | **Date** |

Please return completed form to nominations@ssna.asn.au