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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](mailto:nominations@ssna.asn.au)