

## 2024 SENIORS NIGHT COMPETITION TEAM NOMINATION

<b>Team Name:</b>	.....	
<b>Tuesday Comp:</b>	<input type="checkbox"/> Tuesday Ladies <input type="checkbox"/> Social 1 <input type="checkbox"/> Social 2	
<b>Wednesday Comp:</b>	<input type="checkbox"/> Wednesday Ladies <input type="checkbox"/> Div A <input type="checkbox"/> Div B	<input type="checkbox"/> Wednesday Mixed
<b>Season:</b>	<input type="checkbox"/> Season 1: January to June <input type="checkbox"/> Season 2: July to December	
<b>Team Contact:</b>	.....	
<b>Mobile:</b>	.....	
<b>Email:</b>	.....	
<b>Alternative Contact:</b>	.....	
<b>Mobile:</b>	.....	
<b>Email:</b>	.....	