



**4 ELCAR LANE  
JOONDALUP 6027  
Phone 9300 1600  
Fax 9300 0822**

**TEAM**

**JUNIOR INDOOR CRICKET  
NOMINATION FORM - TEAM**

TEAM NAME:.....

CONTACT NAME: .....

ADDRESS:.....PC.....

TELEPHONE: (Home) ..... (Work) .....

EMAIL ADDRESS:.....

ALTERNATIVE NAME:.....

ALTERNATIVE PHONE: (Home) ..... (Work) .....

Please tick age group you are registering for:

**(Note: Players must be their age group or under for duration of season)**

10 yrs & Under

12 yrs & Under

14 yrs & Under

16 yrs & Under

Colts

TEAM PLAYED FOR LAST YEAR: .....

AT WHAT CENTRE .....

**TEAMS PLEASE READ THE FOLLOWING INFORMATION  
AND SIGN YOUR ACKNOWLEDGMENT**

1. Game Fees cover the umpire payment, equipment and administration costs for the competition and are to be paid prior to the commencement of the season.
2. I/We agree that monies paid are non-refundable after the third game of the season i.e. If a player decides not to continue within the competition, he/she must inform management of their decision prior to the fourth game of the season to be eligible for a refund. Games already played will be deducted from refund. After the third game, there will be no refunds applicable.
3. Players play at their own risk and are responsible for their own insurance. Bouncer Sports Centre accepts no liability for any injury sustained whilst playing sport on or within the confines of the centre playing areas.
4. We agree to abide by the rules, regulations and by-laws as set forth by the owners and managers of Bouncer Sports Centre.
5. I/We agree to pay all forfeit fees as determined by Bouncer Sports Centre.

Team contact to sign on behalf of the team ..... Date.....

***Please complete player information overleaf → →***

