



Womens/Girls Team Nomination Form

Club: _____ Completed By: _____

Club Suggested Division

		A	B	C	D	E	F	G	H	J	K	L
12 Years Age Group												
	Rating ?/10											
13 Years Age Group												
	Rating ?/10											
14 Years Age Group												
	Rating ?/10											
15 Years Age Group												
	Rating ?/10											
16 Years Age Group												
	Rating ?/10											
17 Years Age Group												
	Rating ?/10											
18 Years Age Group												
	Rating ?/10											
21 Years Age Group												
	Rating ?/10											

** If enough teams are interested this competition will go ahead*

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All Age Saturday												
	Rating ?/10											
All Age Sunday												
	Rating ?/10											

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All Age Friday												
	Rating ?/10											
Over 30 Friday												
	Rating ?/10											

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- * When completing the form place a cross(x) in the division you think your teams for that age group will be best suited for.
- * The divisions for each age group are based on the number of divisions last year for that age group.
- * Also give a ranking out of 10 for each team in the age group, **10-Highest to 1-Lowest** (this will assist if the amount of divisions varies this year).
- * Information on each team is to be completed on the separate "Team Grading Sheet" form.
- * The Team Nomination Form is only a recommendation and final divisions will be determined by the Zones.
- * The decision of the Zones of any team registration and its Division is final and not subject to appeal to any authority.
- * While all efforts will be taken to fill the above age groups in Female Football, the Zones reserve the right to place teams in higher age group if insufficient nominations are received.