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SECTION 3: PERSONAL CONTACT DETAILS

FULL NAME:

DATE OF BIRTH:

ADDRESS OF NOMINEE:
.....

CONTACTS: (Email).....

PHONE NUMBER: (Home)..... (Mobile).....

CLUB/ASSOCIATION (IF RELEVANT):

Date:

(Signature of Nominee)

This form needs to be returned to the Softball WA Office by 5pm, 4 October 2018.

Forms and further documentation should be emailed to ceo@softballwa.org.au