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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, 10 October 2019.

Forms and further documentation should be emailed to [ceo@softballwa.org.au](mailto:ceo@softballwa.org.au)

