

## 2020 Capital League Coach/Manager Nomination Form

Personal Information		
Name		
Address		
Email		
Mobile Phone		
Home Phone		
Preferred – please circle	Men	Women

Emergency Contact Details	
Name	
Email	
Contact phone	

Role (Please tick)					
Coach	<input type="checkbox"/>	Assistant Coach	<input type="checkbox"/>	Team Manager	<input type="checkbox"/>

Working with Children's Check (include details)			
NSW	<input type="checkbox"/>	VIC	<input type="checkbox"/>

Details of any Relevant Qualifications

Outline of Previous Experience: (if more info attach a separate page)

Signature

Date