



NEW 2020 INFO



JUNIOR STATE CHAMPIONSHIPS Team Nomination Form

*****Conditions of Nominating a Team*****

This Form is to be completed in full and submitted by the team manager to the INFQ Member Centre. This form is **not to be accepted** by the INFQ Member Centre unless payment of \$550 has been made in full to the centre.

8's & Under – 12's & Under

Sunday 13th December &
Monday 14th December 2020
Ipswich Indoor Sports Centre

10's & Under – 14's & Under Girls 16 & Under Mixed

Tuesday 15th December &
Wednesday 16th December 2020
Ipswich Indoor Sports Centre

14 & Under Mixed – 16 & Under Girls

Friday 18th, Saturday 19th &
Sunday 20th December 2020
Strathpine Indoor Sports Centre



Please return this form along with your \$550 payment on or before

TUESDAY 3rd November 2020

TO ANY INFQ MEMBER CENTRE



Age Grade: _____

Team Name: _____

INFQ Member Centre: _____

TEAM MANAGERS INFORMATION:

Christian Name: _____ Surname: _____
(PLEASE PRINT CLEARLY)

Suburb: _____ Post Code: _____

Mobile: _____ Alt Phone: _____

E-mail: _____

MANAGER & CENTRE CHECK LIST – Inc Tournament Checklist

Paid \$550 to Indoor Sports Centre – (Nominations Will Not Be Accepted Without Payment)

- Filled in all information above (No Blank Spaces Please)
- INFQ Centre have confirmed with manager the correct dates and venue for the nominating team grade?

Tournament Checklist:

- Manager must attend “Managers Meeting” at the required time
 - o (will be on the front page of the draw)
- Manager **MUST** have photo ID for every player readily available at all times and must be produced if asked
 - Photo ID for all 12’s, 14’s & 16’s, (Student ID is preferred)
 - Birth Certificate / Passport for 8’s & 10’s is acceptable
 - If ID cannot be produced, then player will take no further part in tournament until ID is presented to the Tournament Director
 - **HAND IN AT MANAGERS MEETING** – The filled in **Team Sheet**
- Must be made aware of INFQ Media Policy (including Parents)
 - o **INFQ website** – www.infq.com.au

MANAGER’S SIGNATURE: (to confirm all information has been discussed with INFQ Centre and all monies paid)

DATE: _____



INFQ Member Centre ONLY:

Date Nom Form entered in Google Docs:

Date Paid to INFQ: (within 7 days of receiving nomination):

Name of Centre Staff Member:

