



# SUSSEX WOMEN'S CRICKET ASSOCIATION

## *NOMINATION FORM*

Players Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### *Parents/Guardian Details*

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Email (parents): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Mobile (parents): \_\_\_\_\_

Child's School: \_\_\_\_\_

School Year from September 09 (i.e Yr6): \_\_\_\_\_

Cricket Club: \_\_\_\_\_

Playing Experience (please state if wicket keeper bowler, batsman, number of years playing):

\_\_\_\_\_

\_\_\_\_\_

Please state any medical information and injuries: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medication: \_\_\_\_\_

\_\_\_\_\_

**Please complete form and send with a cheque made payable to "Sussex WCA" to Charlotte Burton, Flat 15, Garland Point, Sussex Wharf, Shoreham-By-Sea, West Sussex, BN43 5PF.**

**Forms must be completed by Monday 21<sup>st</sup> September**