



Nomination Form

I wish to nominate for

Coach	Assistant Coach	Team Manager
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Name:										
Address:										
Email:										
Home Phone:										
Mobile Phone										

Coaches Preferences

Boys	U8	U10	U12	U14	U16	U18	U23
Girls	U8	U10	U12	U14	U16	U18	U23

Team: _____

Preferred training day and time

Day	Monday	Tuesday	Wednesday	Thursday	
Time	4:30pm	5:30pm	6:30pm	7:30pm	8:30pm

Specific request:

Eg: Do you want to be coach / team manager for your child's team, second coaching preferences should be listed below.

Working With Children Check (Coaches requirement for completion)

Issued to:																						
Card No:														Expiry:			/			/		

Every attempt will be made to place everyone with their preferences listed above, however this may not always be possible. If there are multiple requests for the same team, the Wasps Committee will follow the [Coaches Selection Policy](#)