



SOUTHPORT CARRARA NETBALL ASSOCIATION INC.

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SOCIAL COMPETITION NEW TEAM NOMINATION FORM 2025

| | | | | | |
|---|-----------------------|-----|--------------------------|----|--------------------------|
| Date | | | | | |
| Club Name <i>(If Applicable)</i> | | | | | |
| Team Name | | | | | |
| Uniform Description | | | | | |
| Contact 1 <i>(Team Manager)</i> | Name | | | | |
| | Email | | | | |
| | Contact Number | | | | |
| Contact 2 <i>(Optional)</i> | Name | | | | |
| | Email | | | | |
| | Contact Number | | | | |
| Is your club currently affiliated with SCNA? <i>Please Tick</i> | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Does your team currently play in any SCNA Competition? <i>Please tick</i> If yes, which Competition and Division? (EG Thurs Div 4) | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Does your team play at another association? <i>Please tick</i> Which association, competition and division? (EG HDNA Mon Div 2) | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

COMPETITION

Please tick the appropriate competition you wish participate in, along with your requested division.

Please Note: When nominating a team for a competition, you agree to participate in **ALL** scheduled playing times for the competition set by the competition organisers.

| | | | |
|---|----------------------------------|---|--|
| MONDAY NIGHT Playing Times (5pm & 6pm) | | <i>Benowa Road Courts 166 Benowa Road Ashmore</i> | |
| <input type="checkbox"/> | Intermediate (13 – 16 years) | Requested Division | |
| <input type="checkbox"/> | Ladies Opens (14 years and over) | Requested Division (1-3) | |
| <input type="checkbox"/> | Mixed Opens (16 years and over) | Requested Division | |
| WEDNESDAY NIGHT Playing Times (5pm & 6pm) | | <i>Benowa Road Courts 166 Benowa Road Ashmore</i> | |
| <input type="checkbox"/> | Twilight (7-14 years) | Requested Division | |
| THURSDAY Playing Times - 6:30pm, 7:20pm, 8:10pm & 9pm) | | <i>GCSLC Nerang Broadbeach Road Carrara</i> | |
| <input type="checkbox"/> | Ladies Opens (14 years and over) | Requested Division (1-8) | |

Print Name

Signature

OFFICE / COORDINATOR USE ONLY

| | DATE | VERIFIED | SCNA REPRESENTATIVE |
|---------------------|------|----------|---------------------|
| NOMINATION RECEIVED | | | |
| UNIFORM APPROVED | | | |