



# BRISBANE METROPOLITAN TOUCH ASSOCIATION



## METRO CUP 2018 NOMINATION FORM

**NOMINATION LOCATION:** Whites Hill Reserve, Boundary Rd Camp Hill

**Club Name** \_\_\_\_\_

**Contact Name #1** \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_

Postcode \_\_\_\_\_

Daytime Contact Number \_\_\_\_\_

2<sup>nd</sup> Contact No \_\_\_\_\_

Mobile Phone Number \_\_\_\_\_

Email \_\_\_\_\_

**Contact Name #2** \_\_\_\_\_

Daytime Contact Number \_\_\_\_\_

Mobile No \_\_\_\_\_

Email \_\_\_\_\_

### CONDITIONS OF NOMINATION

BMTA (the Association) is primarily an Association of affiliated clubs/teams. Clubs/teams admitted to affiliation with the Association shall be bound by the Constitution of the Association and the by-laws determined from time to time by the Management Committee of the Association. A copy of the constitution of the Association is available on request. Clubs/teams shall not be admitted to affiliation with the Association until their nomination is accepted by the Association and payment of affiliation fees is received by the Association. Until clubs/teams are affiliated with the Association (i.e.: nomination accepted by the Association and full payment of affiliation fees received by the Association) such clubs/teams may not be covered by the insurance maintained by or for the benefit of the Association and clubs/teams affiliated with the Association. BMTA is working towards becoming a paperless club, so all draws will only be emailed and available on the BMTA website.

**The contact person (the first person stated on the Nomination Form) agrees to be solely responsible for all nomination and related fees payable for the season for the club/team. The contact person must be over 18 years of age.**

#### DECLARATION

I have read the Conditions of Entry, Attached Deposit

I hereby nominate the \_\_\_\_\_ teams in the Metro Cup Competition at BMTA. **I acknowledge that I have read the conditions of nomination and Conditions of Entry booklet** and agree to accept those conditions on behalf of my team. I also acknowledge that the team will abide by the Competition Rules & Procedures and accept all decisions made by the BMTA Committee in relation to those Competition Rules and Procedures as final.

Signature \_\_\_\_\_

(Must be Contact Name #1)

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

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## 2018 Metro Cup Team Nominations

**Season Commences:** Friday 20<sup>th</sup> July

Club Name: \_\_\_\_\_

<b>Mens Premier</b> Team Name: Squad List Attached <b>Yes/No</b>	<b>Womens Premier</b> Team Name: Squad List Attached <b>Yes/No</b>
<b>Mens Division 1</b> Team 1 Name:	<b>Womens Division 1</b> Team Name:
Team 2 Name:	Team 2 Name:
<b>Mens Division 2</b> Team 1 Name:	<b>Womens Division 2</b> Team 1 Name:
Team 2 Name:	Team 2 Name:
Team 3 Name:	Team 3 Name:
Team 4 Name:	Team 4 Name: