**Garangula Autumn Country Circuit Tournament**

**Saturday 26th & Sunday 27th April 2025**

**NOMINATION FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LEVEL (0, 2 or 6 Goal)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **TEAM NAME** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **TEAM COLOURS** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **TEAM CAPTAIN** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **PLAYER NAMES**  **(please indicate any Junior Players)** | | | **HANDICAP** | **HORSE NO.**  **Maximum 26 per team** | **TELEPHONE & EMAIL DETAILS** | |
| **1** | | |  |  |  | |
| **2** | | |  |  |  | |
| **3** | | |  |  |  | |
| **4** | | |  |  |  | |
| **TOTALS:** | | |  |  |  | |

**Junior Players –** please note that fees will not be charged to players who are aged 18 years and under (on 1st January 2024). Please indicate on the above form if a player is a Junior Player.

A Tournament Schedule and Game Rosters will be emailed confirming games, times, fields, and duties etc.

Completed nomination forms must be submitted by **Tuesday 1st April 2025** to admin@garangula.com.au. Upon receipt of your nomination form an invoice will be issued.

Please list names and email details below for your family and staff who you would like to receive this information.

Name Email Address

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*All Tournament Participants and Visitors are requested to adhere to the Garangula WH&S Policies and Procedures.*