

Coach Identification Form

This form is for coaches to nominate their top 6 players to assist with the state squad selection process.

N.B. Selectors only use this as a tool and all players are viewed over the course of the State Championships.

COACHES NAME		CONTACT NUMBER
ASSOCIATION	TEAM/DIVISION	STATE CHAMPIONSHIP

PLAYERS DETAIL				
	PLAYERS NAME	SHIRT #	DOB	POSITION
1				
2				
3				
4				
5				
6				

Please hand this form in at the Managers meeting on the first day of the State Championship.