

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.

COACHE	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.

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