



## SOUTH EAST METROPOLITAN SOFTBALL ASSOCIATION TEAM NOMINATION FORM

NAME OF CLUB.....

NAME OF TEAM.....

TEAM PREFERRED GRADE.....

TEAM PLAYERS:

NAME *	PREVIOUS GRADE*	BATTERY (Catcher/Pitcher) *	Current State League Club

COACH DETAILS

Name:.....

Contact Number.....

ASSISTANT COACH:

Name.....

Contact Number.....

SCORER DETAILS:

Name.....

Contact Number.....

\*Compulsory fields