



BUSSETON AMATEUR BASKETBALL ASSOCIATION

TEAM NOMINATION FORM

www.bussetonbasketball.com.au

DIVISION – Select below

- | | |
|---------------------------------------|-------------------------------------|
| ☐ U10 GIRLS | ☐ U10 BOYS |
| ☐ U12 GIRLS | ☐ U12 BOYS |
| ☐ U14 GIRLS | ☐ U14 BOYS |
| ☐ U16 GIRLS | ☐ U16 BOYS |
| ☐ U19 GIRLS | ☐ U19 BOYS |
| ☐ SENIOR WOMEN | ☐ SENIOR MEN |

TEAM NAME: _____

CLUB – Select below

**Teams must only register to one (1) Club*

☐ BOOMERS ☐ COLTS ☐ CORNERSTONE ☐ DUNSBOROUGH ☐ GMAS ☐ SAINTS ☐ YCW

GRADE TEAM REQUESTED:

GRADE CLUB REQUESTED:

TEAM COACH		TEAM MANAGER	
NAME:		NAME:	
PHONE:		PHONE:	
EMAIL:		EMAIL:	
WWCC:	☐ YES ☐ NO ☐ EXEMPT	WWCC:	☐ YES ☐ NO ☐ EXEMPT

**Please return TYPED & fully completed to your Club*

**Teams with Players that are U18 years old must have an adult present at each game sitting on the bench*

**Minimum of 7 players are required to nominate a team (BABA encourage Teams nominate with minimum 8 Players)*

**Senior teams only must appoint one of its players as Team Captain and Vice-Captain*

CAPTAIN: _____

VICE-CAPTAIN: _____

Please indicate highest level achieved in **previous season**;
MAX 9 points per team for Boys
MAX 10 points per team for Girls

FIRST NAME	SURNAME	SCHOOL YEAR (2025)	DOB	EMAIL	PHONE	PRIOR YEAR CLUB & TEAM NAME	BLAZER REP 2 points	WABL 4 points	STATE / NBL1 5 points	TOTAL POINTS
TOTAL										

** Please refer to BABA By-laws Section 7 Player Points System for clarification.*