

QUEENSLAND INDOOR BOWLING ASSOCIATION INC
NOMINATION FORM - 2019 QUEENSLAND TEAM – Mount Gambier, SA
(To be submitted by your Association Secretary)

NAME: _____ (JUNIOR ONLY- DOB: _____)

ADDRESS: _____

PHONE: HOME: _____ MOBILE: _____

Please Tick One of the Following:

I play on a regular basis at Club/Association:

Once or more per week Once per Fortnight Once per Month Less than once per Month

Please List Inter-Association Games and Carnivals and Restricted Events:

ASSOCIATION/CLUB SECRETARY TO SIGN _____ **DATE** _____

****I am interested in playing Singles / Team event ****

(Please note that there is no guarantee on your preferred selection. This is a guide for Selectors only)

Please tick if you have played in the following State Championships in the last 12 months and write results from Quarters, Semi-Finals, Finals:

MAY CHAMPIONSHIPS, 4^{3/4}"

Results please specify

Open Pairs _____
 Ladies Singles _____
 Gents Singles _____
 Rinks _____

JULY 4" CHAMPIONSHIPS

Results please specify

Pairs _____
 Triples _____

OCTOBER CHAMPIONSHIPS, 4^{3/4}"

Results please specify

Ladies Pairs _____
 Gents Pairs _____
 Open Singles _____
 Triples _____

JUNIORS (MAY)

Results please specify

Pairs _____
 Girl Singles _____
 Boy Singles _____
 Open Singles _____

I was unable to participate in the State Championships because:

Medical Condition Work Commitments

Other: _____

ALL NOMINATIONS RECEIVED FROM REGISTERED QLD PLAYERS ARE ELIGIBLE TO BE SELECTED TO ANY POSITION IN THE QUEENSLAND TEAM.

Signed by Applicant: _____ Date _____

THE COMPLETED FORM IS TO BE RETURNED TO YOUR ASSOCIATION SECRETARY, WHO WILL FORWARD IT TO THE QIBA SECRETARY by 4th January, 2019

FOR ADDITIONAL COPIES, THIS FORM IS AVAILABLE ON THE QIBA WEBSITE, OR CAN BE COPIED