



FOOTBALL
CENTRAL QUEENSLAND

2018 Junior Development Program Junior Team Coaches and Managers Nomination Form

Your Name: _____

Competition Centre: _____

Please tick the box for the team and position you are nominating for:

TEAM	COACH	MANAGER	I AM ALSO INTERESTED IN TAKING A ZONE TEAM TO THE COMMUNITY CUP	BLUECARD NUMBER & EXPIRY DATE (MANDATORY)	QUALIFICATIONS (E.G. COACHING ACCREDITATION, FIRST AID CERTIFICATE & LEVEL)
U11 Boys*					
U12 Boys					
U13 Boys					
U14 Boys					
U16 Boys					
U11 Girls*					
U13 Girls					
U15 Girls					

By signing this form, I formally agree that I will abide by all Football Central Queensland Policies, By-Laws, Operating Regulations, and Competition Rules for the Football Central Queensland 2018 Junior Development Program. * Please note: U11 teams will not be participating in the Community Cup in 2018.

Name: _____

Signature: _____ Date: ____/____/____

Important: *Nomination Forms submitted without a signature will not be accepted. Unless otherwise advised, completed forms can be sent to:*

generalmanager@footballcq.com.au.