



REPRESENTATIVE MANAGER NOMINATION FORM

Name : _____	Phone: _____
Email: _____	
Address: _____	
Signed: _____	Date: _____

Managers will be considered for the following teams:

11 years Development Squad, 12 years, 13 years, 14 years, 15 years, 17 years, Opens, & Regional League.

I wish to apply for the position of **Manager** for the following teams(s):

WWCC number: _____ or will obtain prior to Representative season:

List any personal skills / attributes you have that would assist you in being an effective Representative Manager:

Please ensure you have read the position role requirements as detailed in the Volunteer Roles document before submitting your application.