



LITTLE LEAGUE STATE CHAMPIONSHIPS
PERTH METRO CENTRAL LITTLE LEAGUE DEVELOPMENT TEAM
PLAYER NOMINATION FORM 2014 / 2015 Season

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1. All participating development players must be aware that they will be required to participate in the Development Shield State Championship held over the Easter weekend 2015.
 2. The selected team will consist of up to fourteen players.
 - 2.1. Before nominating for the team please ensure you will be available for the tournament to be held on the Easter weekend 2015.
 - 2.2. Each team must pay an entrance fee of approx. \$2,000. This is to be paid by the selected players. (Team Discount may apply)
 - 2.3. Up to four players will be offered a train on position. If a fully paid up player withdraws from the team, a train on player may take their position. There will be no refund to the paid up player and no charge to the train on player.
 3. Applications to be given to your respective club representative or Team Coach by the 15th November 2013.
 4. Unless an exception is given for extenuating circumstances by the Charter Committee, attendance at all selection trials is compulsory.
 5. Tryouts for players will be held but dates are yet to finalised but the follow shall act as a guide:
 - (i) Monday 3rd November 2014, Friday 7th November 2014 & Monday 10th December 2014 at Apsley Reserve Willetton, (Willetton's Baseball Oval) Commencing at 5pm and should conclude around 6.30pm.
 6. The above is in addition to regular Club training.
 7. **All Tournament players must be Major Little League age qualified up to 11 as at 1st May 2015 and have participated as an eligible player in a minimum of 60% of regular fixtured season games. (Please note that games played in All-Star League are not counted).**

Please fill in the following and return it to your club representative. By signing this you are acknowledging you have read, understand, and agree to abide by the above conditions as well as any rules the team will be governed by.

Name: _____

Date of Birth: _____ Club: _____

Parents Name: _____

Parents Contact Number: _____

Parents Email Address: _____

Parents Signature: _____ Date: _____