



# MURRAY BRIDGE EIGHT BALL ASSOCIATION

## TEAM NOMINATION FORM

MUST BE COMPLETED AND POSTED, FAXED OR EMAILED TO THE FOLLOWING  
FAX: 0885311077, [president@mb8ball.org.au](mailto:president@mb8ball.org.au) or PO Box 2066 MURRAY BRIDGE SA

TEAM NAME: \_\_\_\_\_

VENUE: \_\_\_\_\_

### CAPTAINS DETAILS:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NO: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### VENUES DETAILS:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NO: \_\_\_\_\_

### PLAYERS NAMES:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_