



MASTERS TEAM NOMINATION FORM

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|---------------------|-------------|-----------------------|---------|
| TEAM NAME: | | | |
| PROPOSED GRADE: | A GRADE | | B GRADE |
| COACH: | | Contact No: | |
| MANAGER: | | Contact No: | |
| PLAYER NAME: | DOB: | IMG MEMBER NO: | |
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| UMPIRE: | | Contact No: | |
| SCORER: | | Contact No: | |

To be submitted to MBL Registrar – mblregistrar1@gmail.com