

QLD CUP "TEAM" NOMINATION FORM

QUEENSLAND EIGHT BALL FEDERATION INC.

POSTAL ADDRESS: **Q.E.B.F** | PO BOX 353 | COOLANGATTA QLD 4225

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ALL PAYMENTS TO **Q.E.B.F**

ASSOCIATION:

BEST CONTACT:

PHONE/MOBILE:

EVENT EMAIL:

	STATE	A-GRADE	B-GRADE	NAME	MOBILE	EMAIL	\$
OPEN TEAM	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			\$25
	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			\$25
	3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			\$25
	4		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			\$25
	5			<input checked="" type="checkbox"/>			\$25
	6			<input checked="" type="checkbox"/>			\$25

NOTE: team sheets are pre-printed with the sequence of names (1 and 2 rotate and so on)

"OPEN" | State players play State players, A Grade play A Grade players | B Grade play B Grade

"WOMEN" | Teams with a State Player must have a genuine *B Grade Player, otherwise A Grade

WOMENS	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			\$25
	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			\$25
	3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			\$25
	4		*	<input checked="" type="checkbox"/>			\$25