**ASSOCIATION REQUEST FORM**

**REQUEST – 2024 SENIOR STATE CUP**

**Please send request forms:**

Vicki Padwick

PO Box 703

Cronulla NSW

2230

**Email**: [info@oztag.com.au](mailto:info@oztag.com.au)

**AUSTRALIAN OZTAG LTD WILL ALLOCATE PLAYERS TO YOUR ASSOCIATION.**

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| ASSOCIATION |  | | | |  |  | | |
| PHONE |  | | | |  |  | | |
| EMAIL |  | | | |  |  | | |
|  |  | | | | | | | |
| DIVISION REQUESTIING FOR: | M 20 | M OP | M 30 |  | M 40 | M 45 | M 50 | M 55 |
| *Numbers of Player required* |  |  |  |  |  |  |  |  |
|  | W OP | W 27 | W 37 | W47 | W20 |  |  | M60 |
| *Numbers of Player required* |  |  |  |  |  |  |  |  |
|  | MX OP | SNR MX | MX 20 |  |  |  |  |  |
| *Numbers of Player required* |  |  |  |  |  |  |  |  |
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**Signature: Date:**