**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

**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:**