



# CIRCULAR 1202

Released October 2013

## 2013-2014 SLSCC Interbranch Team Competitor Information

**Audience:** Club Secretaries, Club Presidents, Surf Sports Coordinators, Team Managers, Competitors, Interested Parties,

**Date:** 2<sup>nd</sup> October 2013

**Contact:** Mel Ives  
Ph.: 4353 0299  
Fax: 4353 0298  
Email: [office@slscc.com.au](mailto:office@slscc.com.au)

<b>Summary</b>	2013-2014 SLSCC Interbranch Team Competitor Information
<b>Action</b>	Competitors to complete and return nomination form by due date of <b>Monday 21<sup>st</sup> October 2013</b>

The SLSCC Inter-Branch Team represents an exciting opportunity for SLSCC competitors (from U12 to Open age groups) to represent SLSCC at the NSW Inter-Branch Championships to be held at Soldiers Beach on the weekend of 14<sup>th</sup> – 15<sup>th</sup> December 2013.

SLSCC is now calling for nominations for this team by completing the nomination process as outlined below. For your information purposes, the Selection Committee is comprised of:

- Garry Mensforth
- Damien Benson
- Kate Broadhurst
- Peter McIntyre
- Kerry Armstrong-Smith

### Nomination Process

Please complete the following nomination form which will provide selectors with easy identification of those competitors who wish to be selected. Completion of the nomination form will also provide an opportunity for SLSCC to gather information to assist with the logistical process.

In addition to the SLSCC carnivals as listed below, the selectors may also consider performances from 2012-13 major Surf Sports events:

- U12 - Open Carnival on Saturday 19/10/13 @ Avoca Beach
- U12 - Open Beach Only Carnival on Saturday 26.10.13 @ Toowoona Bay
- U8-U14 Junior Carnival on Sunday 03/11/13 @ Copacabana

### **Team Selection**

It is anticipated the SLSCC Interbranch Team will be selected on Monday evening the 04/11/13 and announced via SLSCC on Tuesday the 12/11/13.

### **Nominations Due**

All athlete nomination forms are due to Mel Ives at office@slscc.com.au by 5.00pm

**Monday 21<sup>st</sup> October 2013.**

Should you have any questions or require any additional information, please contact Mel Ives on 4353 0299.

Kind Regards



David Unger  
Director of Surf Sports  
SLSCC



## 2013-14 SLSCC Inter-Branch Team NOMINATION FORM

Age group as at midnight 30<sup>th</sup> September 2013:

Preferred discipline:

<input type="checkbox"/> Open <input type="checkbox"/> U19 <input type="checkbox"/> U17 <input type="checkbox"/> U15 <input type="checkbox"/> U14 <input type="checkbox"/> U13 <input type="checkbox"/> U12	<input type="checkbox"/> Swim <input type="checkbox"/> Board <input type="checkbox"/> Ski <input type="checkbox"/> Beach Sprint <input type="checkbox"/> Beach Flags <input type="checkbox"/> Ironman / Ironwoman
---	--

Personal Details:

Club:			
Full Name:			
Preferred Name:			
Postal Address:			
E-mail Address (Desirable)			
Telephone:	Home:	Work:	
	Mob:	Fax:	
Date of Birth:			
Next of Kin name:			
Next of Kin relation:			
Next of Kin Telephone:	Home:	Work:	
	Mob:	Fax:	

Clothing Details:

*(Circle one box for each clothing item)*

Shirt	XS	S
Swimwear – <b>Women</b> Two Piece Women's	8	
Swimwear – <b>Girls</b> Two piece Girls	8	
Swimwear – <b>Men</b>	14	
Swimwear – <b>Boys</b>	8	

M
10
10
16
10

L
12
12
18
12

XL
14
14
20
14

XXL
16
16
22

Nomination must be signed by your Club: Coach; Team Manager; Director of Surf Sports/Competition or Executive member.

I certify that \_\_\_\_\_ is a member of \_\_\_\_\_ and that this application has the endorsement of the club.

Name:		Signed:	
Position:		Date:	

 **Signature of applicant**

\_\_\_\_\_ Date \_\_\_\_\_


In signing this form I acknowledge that the information in this application is accurate to the best of my knowledge.

**Privacy Act Information**

**By submitting this form you are:**

1. Consenting to Surf Life Saving Central Coast using these details for the purpose of administration.
2. Acknowledging your right to access, and if necessary correct this information in accordance with the Privacy Act, and subsequent amendments.

**Return completed application:**

 Mel Ives - SLSCC Support Officer, SLSCC, PO Box 5029, Chittaway Bay, NSW 2261

 (02) 43530298  [office@slscc.com.au](mailto:office@slscc.com.au)  (02) 43530299

**By: 5.00pm Monday 21<sup>st</sup> October 2013**