BASEBALL

EVENT: Inter Diocesan Championships. Teams may consist of no more than 12 players
Individual nominations will be accepted at the discretion of the Convener where a Diocesan/Association team has not been entered
This is a wooden bat competition

AGE: Open (Students in Years 9-12 only to attend)
Please do not enter students from Years 7-8. This is a safety issue for this sport
To be eligible for NSW All Schools team, students must be 17 years and under as at 1 June 2011

ELIGIBILITY: Students must be enrolled in a CSCC affiliated school

DATE: Tuesday 8 March 2011
Wet weather date Tuesday 15 March 2011

VENUE: Blacktown Olympic Park Rooty Hill

TIME: Games commence at 8.30am
Games will conclude at approximately 5.00pm

COST: $20.00 per player GST free. Your Diocese/Association will be invoiced for each student who participates in the trial

CLOSING DATE: Wednesday 16 February 2011
NO late entries will be accepted

NOMINATIONS: Please forward nominations to:-
NSWCCC Executive Officer - Kym Skerritt
Email: kym@pathways.com.au Fax: 9958 2556

SPORT SPECIFIC GUIDELINES: Can be found on the website
www.cecnsw.catholic.edu.au/sport/index.htm

WHAT TO BRING: All players are to bring the following:-
• Appropriate personal protective gear for game conditions.
• Medication e.g. asthma inhaler
• Any preventative taping is the responsibility of the individual player
• Bring own water bottle and lunch

NSW ALL SCHOOLS SELECTIONS: 6 April 2011 Blacktown

SCHOOL SPORT AUSTRALIA: 22 – 28 May 2011 Cairns

CONVENER:
Scott Murray
St Edward’s College
13 Frederick St
East Gosford 2250
Phone: 4321 6400
Fax: 4324 7955
Mobile: 0415 794 697
Email: smurray@stedwards.nsw.edu.au
BASEBALL TEAM ENTRY FORM

Blacktown Olympic Park Rooty Hill
Tuesday 8 March 2011  Wet weather alternative Tuesday 15 March 2011
8.30am – 5.30pm

TEAM NAME: …………………………………… CONTACT PERSON: …………………………… MOBILE: …………………
MANAGER: …………………………………… SCHOOL: …………………………………… MOBILE: …………………
COACH: ……………………………………… SCHOOL: …………………………………… MOBILE: …………………
PLAYING COLOURS: SHIRT: …………………………………… SHORTS: …………………………………………………
UMPIRE NAME: …………………………… SCHOOL: …………………………………… MOBILE: …………………

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Closing Date: Tuesday 16 February 2011. Nominations to be forwarded to NSWCCC Executive Officer Kym Skerritt

NSWCCC Executive Officer
Kym Skerritt  Mobile: 0419 464 074
PO Box 4118  Fax: 9958 2556
CASTLECRAG NSW 2068
Email: kym@pathways.com.au

NSWCCC Baseball Convener
Scott Murray  Ph: 4321 6400
St Edward’s College  Fax: 4324 7955
13 Frederick Street  Mobile: 0415 794 697
GOSFORD NSW 2250
Email: smurray@stedwards.nsw.edu.au
BASEBALL
ENTRY FORM FOR INDIVIDUAL

Blacktown Olympic Park Rooty Hill
8.30am – 5.30pm
Tuesday 8 March 2011

Wet weather alternative Tuesday 15 March 2011

Name: .................................................................................. DOB: .................................................................

Players must be 17 years or under as at 1 June 2011. (Players must NOT be in Years 7-8)

Home Address: ...........................................................................................................................................

Home Phone: ...................................................... Parent Mobile: .................................................................

Emergency Phone: .............................................. Parent Email: ....................................................................

Student Mobile: .......................................................... School Year: .........................................................

School: ........................................................................................................ Suburb: ........................................................

School Phone: ........................................................................................................................ Diocese/Association: ................................

School Staff Email Address: .......................................................................................................................

Last Representative Team: ............................................................................................................................

Years of Representative Play: ......................................................................................................................

Playing Position 1: .......................................................... Playing Position 2: ..................................................

Relevant Medical Conditions: ........................................................................................................................

........................................................................................................................................................................

Parent Signature: .................................................................................................................. Principal Signature: ................................

Cost: $20.00 per player GST free. Please do not send payment with this form. Schools will be invoiced for each student participating in the trial

Closing Date: Wednesday 16 February 2011

Nominations: To be forwarded to NSWCCC Executive Officer Kym Skerritt

NSWCCC Executive Officer
Kym Skerritt Mobile: 0419 464 074
PO Box 4118 Fax: 9958 2556
CASTLECRAG NSW 2068

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