**NEW SOUTH WALES SUPER SENIOR GOLF ASSOCIATION (Inc)**

**Team Nomination Form (TNF) for the 2024 Super Senior Pennant**

**Name of Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Team Captain/Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: Version 1**

**NOTE: Each Team Captain/Manager must supply their Email address and a mobile phone number.**

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| --- | --- | --- | --- | --- |
|  | **First Name** | **Surname** | **D.o.B.** | **Golf Link Number of Home Club** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
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| **11** |  |  |  |  |
| **12** |  |  |  |  |
| **13** |  |  |  |  |
| **14** |  |  |  |  |
| **15** |  |  |  |  |

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