**TO ALL VETERANS CO-ORDINATORS**

To assist with preparation for coming season, the following information is critical to assist with Division allocation for teams, plus scheduling of home and away games to meet your requirements where possible.

# NOMINATION OF TEAMS 2019 - 2020 SEASON

|  |  |
| --- | --- |
| **MASTERS** | **Number of Teams** |
| **Division Preferences** | **Factors to consider*** Previous Year/s Division & Performance
* Strength of Team
* Depth of Players;
* Quality of Players;
* Impact of known new recruits or player losses;
* Consistent availability of players / pool
 |
| **GROUND FACILITIES** |  |
| **Number & Location of Grounds** | Provide details inc. Tel Number & Melways Ref |
| **Multiple Masters sides** | Preference for both sides to either play at home together or alternatively one at home and oneaway. |
| **SPECIAL CONSIDERATIONS** |  |
| **Ground Unavailability*****Please provide date/s*** | Restrictions in use or Booked out for alternateactivities eg Lilydale Show, Dog Club Use etc |
| **Special Club Event weekends***Eg Anniversary of Club Founding Celebrations,**Club Reunion or other Club Functions- Double Wicket Comp.* | Want a home game scheduled or Cannot host a home game |
|  |  |

**VETERANS TEAM NOMINATIONS - 2019 – 2020**

# CLUB NAME\_ \_

# CLUB CONTACT

|  |  |
| --- | --- |
| **MASTERS O40’S**  |  |
| **Sunday Division Preference**  |  Division 1 Division 2  |
| **2nd Side Sunday Division Preference**  |  Division 1  Division 2  |
| **MASTERS O40’S Big Bash T20**               |  T20  |
| **MASTERS O50’S Big Bash T20**               |  T20  |
| **GROUND FACILITIES** |  |
| **Number & Location of Grounds** |  |
| **SPECIAL CONSIDERATIONS** |  |
| **Ground Unavailability*****Please provide date/s*** |  |
| **Special Club Event weekends***Eg Anniversary of Club Founding Celebrations,**Club Reunion or other Club Functions- Double Wicket Comp.* |  |
| **Ground Facilities & Special Considerations** |  |
|   |  |
| **Club Co-ordinator Details** | **Name** |  |
|  | **Address** |  |
|  |  |  |
| **Critical to supply Email address for Co-ordinator plus 4 others** | **Telephone No** |  |
|  | **Mobile No** |  |
|  | **E-Mail Address 1** |  |
| **Names of Additional Contacts** |  |  |
| 2. | **E-Mail Address 2** |  |
| 3. | **E-Mail Address 3** |  |
| 4. | **E-Mail Address 4** |  |
| 5. | **E-Mail Address 4** |  |