

N.S.W. JUNIOR BASEBALL LEAGUE Inc.
ASIA PACIFIC TOURNAMENTS

*****DATE CHANGED TO*** 12.30 pm on SUNDAY 17 February 2019**

Venue: TBA

Nominations close on Wednesday 20th February, 2019

send to: N.S.W. Junior Baseball League P.O. Box 2020, North Parramatta 1750 Fax to: 9674 1969
email to: contact@nswjuniorbaseball.com.au

REGISTER EARLY - there is a \$10 fee for late nomination.

Note: Players attending initial trials will be advised of any additional trials

To check whether trials are still on in case of inclement weather:

Telephone the NSWJBL Information line - 1900 920 229 - line #3

N.S.W.J.B.L. has been invited to a number of high-level hardball tournaments in Japan in early July 2019. These tournaments involve between 4 and 10 countries depending on the age group from 12 to 18 years of age.

Accommodation is in hotels rather than homestay and costs have not yet been finalised

Costs will be no more than \$3,000. Non-members are welcome to nominate.

Should positions become available for players from Associations which are not currently affiliated with NSWJBL they will be required to pay \$220 non-member surcharge.

On selection payments will be made progressively up until 30 June 2019. Applications for additional time to pay will be considered in confidence by the League. The payment is all inclusive covering uniform, walkout gear, insurance, transport costs and contributions to coaching and general expenses. The team will experience a high level of play during their stay in Japan, participating in a strong tournament. Other cultural experiences will be arranged but these tours are about playing. .

CONSENT DECLARATION

I give my child permission to participate in the Trials and in subsequent activities if selected. If in the event of an accident or serious illness I cannot be contacted, I give permission for League officials to seek medical attention/ambulance on my behalf. I understand that the onus is on me as the parent/guardian of this player to follow NSWJBL procedures for notification of the use of any proscribed medication.

Signed:

Date:

SURNAME:

GIVEN NAME:

ASSOCIATION / CLUB:

DATE OF BIRTH:

**POSITIONS
NOMINATED:**

1

2

HOME ADDRESS:

HOME PHONE:

POST CODE:

MOBILE:

EMAIL:

Just to confirm please indicate your interest in the tournament age bracket below

DOB between 1.9.2006 and 30.8.2008

Yes / No

DOB between 1.9.2004 and 30.8.2006

Yes / No

DOB between 1.9.2002 and 30.8.2004

Yes / No

DOB between 1.9.2001 and 30.8.2003

Yes / No