



Rowing ACT

2008 Kings Cup Selectors and Coaches

Nomination Form

Name: _____

Address: _____

Tel: _____ Email: _____

Date of Birth: _____

Coach*	Selector (x3)*
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(please circle)

* required to submit a brief outline of experience

Signed: _____

Rowing Club: _____

This form is to be forwarded by
5pm Friday 12th October 2007 to:
Rowing ACT

Email: actra@rowingact.org.au

FAX: 02 6257 1083

Post: Sports House, 100 Maitland St, Hackett, 2602