

BUNDABERG DISTRICT SCHOOL SPORT
GIRLS AND BOYS SOFTBALL TRIALS – 2020

Nominations are being called from all schools in the Bundaberg District, for GIRLS and BOYS to attend the 2018 Bundaberg Zone 10-12 years old Softball Trials.

- TRIAL DATES:** Tuesday 18th and Tuesday 25th February, 2020.
- TIME:** 3.30 – 5.00pm
- WHERE:** Brothers AFL Grounds, Faircloth Crescent, Avoca.
- ELIGIBILITY:** Girls & Boys born 2008, 2009 & 2010
- WHAT TO BRING:** School sport uniform or softball uniform/ knickerbockers, glove, hat, water bottle, sunscreen.
District NOMINATION FORM signed by the nominating teacher.

A TEAM OF 12 GIRLS and 12 BOYS will be selected to attend the **WIDE BAY REGIONAL TRIALS IN HERVEY BAY** on **TUESDAY 31 March and WEDNESDAY 1 April, 2020.**

From the Regional Trials a **WIDE BAY BOYS TEAM** (State carnival 27-30 August, in Redcliffe) and a **WIDE BAY GIRLS TEAM** (State carnival 27-30 August, in Redcliffe) will be selected.

TEACHERS PLEASE NOTE:

Coaches and Teachers are urged to use discretion when sending students to these trials. Please send students who have good throwing, catching, eye hand coordination and hitting action. Children involved with weekend fixtures or who have displayed a strong athletic ability level and interest in softball are worth sending.

A player who is interested in attending these trials but for some reason is unable to attend should contact:
Di Phillips
Bargara State School
41 505333 or 0413605403

For further information required contact: Di Phillips
Bargara State School
41 505333 or 0413605403

**BUNDABERG PRIMARY SCHOOLS' SPORTS TRIALS
NOMINATION FORM**

SPORT: SOFTBALL

***PLEASE COMPLETE THIS FORM AND PRESENT TO THE COACH/MANAGER AT
THE TRIALS***

TRIAL DATES: Tuesday 18 & Tuesday 25 February, 2020 Time: 3.30-5.00pm

WHERE: Brothers AFL Grounds, Faircloth Crescent, Avoca

NAME: _____

SCHOOL: _____ **SCHOOL PHONE:** _____

NOMINATED BY (Teacher's Name): _____ **SIGNATURE:** _____

HOME ADDRESS: _____

PHONE NUMBER: _____

EMERGENCY CONTACT/S:

1. _____ **PHONE:** _____

2. _____ **PHONE:** _____

DATE OF BIRTH: _____

ANY RELEVANT MEDICAL HISTORY: _____

PREFERRED POSITION/S FOR SELECTION: (eg. Opening bat; First base; Goalie etc.)

- I acknowledge that the Bundaberg Primary School Sport (as an operational unit of the Queensland Government, Department of Education and Training) does not have personal accident insurance cover for students and as such, will not accept financial liability for any Medical, Hospital or Dental expenses if they should arise.

YOUR SIGNATURE: _____ **DATE:** _____

PARENT'S SIGNATURE: _____ **DATE:** _____