EMMANUEL SOUTH OAKLEIGH C C - CAPTAINCY APPLICATION FORM

SEASON: 20___ / 20___ DATE:___/____/ 20____

NAME:_____ Contact Number: _____

ADDRESS: _____

Email address: _____

WWC NUMBER: :_____(If you do not have one, contact the Club)

FOR WHICH GRADE ARE YOU APPLYING?

		Grade Captained Previously?
Sunday 1st XI – CSB Premiership/ Div 1	❑	YES ❑ NO ❑
Sunday 2nd XI – CSB	❑	YES ❑ NO ❑
Saturday 1st XI – SECA 2-Day	❑	YES ❑ NO ❑
Saturday 2nd XI – SECA 1-Day	❑	YES ❑ NO ❑

YOUR REASONS FOR YOUR APPLICATION:-

_____
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_____
_____
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_____

AS CAPTAIN, WHAT WOULD YOUR "TEAM-GOALS" BE?

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_____
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_____

(An attachment can be used for your Reasons and Team Goals)

Are there any dates in the upcoming Season where you will be unavailable? _____