



REGIONAL TEAM SELECTIONS

Region	SOUTH COAST		
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Sport			
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Boys / Girls		Age Group	
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No.	Given Name & Surname	School	Date of Birth
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			

Shadows			
1			
2			
3			
4			

REGIONAL TEAM OFFICIALS

Coach		Manager		Trainer	
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REGIONAL TEAM SELECTORS

As a member of the Regional Team Selection panel, we the undersigned :

- Agree that the School Sport South Coast selection policy has been adhered to
- Agree that the process and procedures followed were fair
- Agree with the final team selected

DISTRICT REPRESENTED	NAME Coach (or nominee)	SIGNATURE
Broadwater		
Hinterland		
Oceanic		
Pacific		