**Volleyball WA WAVL: Home Round Nomination Form**

**Club Division Information**

Please specify which division(s) your club is nominating home rounds for. Select all that apply.

| **Division:** |  |
| --- | --- |
|  |  |  |  |  |  |  |  |  |  |

**Club/Association Information**

| **Club/Association Name:** | **[Insert Club Name]** |
| --- | --- |
| **Contact Person:** | [Insert Name of Contact Person] |
| **Position:** | [Insert Position (e.g., Club President, Team Manager)] |
| **Email Address:** | [Insert Email Address] |
| **Phone Number:** | [Insert Phone Number] |

**Venue Coordinator Information**

Please provide the details of the person responsible for coordinating the home round venue throughout the season.

| **Venue Coordinator Name:** | **[Insert Name]** |
| --- | --- |
| **Position:** | [Insert Position] |
| **Email Address:** | [Insert Email Address] |
| **Phone Number:** | [Insert Phone Number] |

**Home Round Date Selection**

Please refer to the official list of eligible home round dates provided by Volleyball WA. Indicate your preferred **Initial Round Date** for each round. If you are nominating a new round date, please enter it in the "New Round Date" column and include the scheduled time for the match.

| **Initial Round Date** | **New Round Date** | **Time** | **Duty Team** |
| --- | --- | --- | --- |
| Round 1: |  |  |  |
| Round 2: |  |  |  |
| Round 3: |  |  |  |
| Round 4: |  |  |  |
| Round 5: |  |  |  |
| Round 6: |  |  |  |
| Round 7: |  |  |  |
| Round 8: |  |  |  |
| Round 9: |  |  |  |

**Additional Information**

Please include any relevant details, requests, or conditions that Volleyball WA should be aware of when processing your club's home round nominations.

[Insert Additional Information Here]

**Submission Instructions:**

* Please complete this form and return it to Volleyball WA by the designated deadline.
* **Submission Deadline:** [Insert Date]
* **Submit to:** indoor@volleyballwa.com.au
* **Contact for Queries:** [Insert Contact Email Address/Phone Number for Home Round Nominations]

**For Volleyball WA Use Only**

| **Home Round Dates Approved:** | **[Insert Dates Approved]** |
| --- | --- |
| **Venue Coordinator Confirmed:** | [ ] Yes [ ] No |
| **Additional Notes:** | [Insert Notes] |

**Acknowledgment:**

By submitting this form, the club agrees to host the selected home rounds, providing the necessary resources and support for the event as outlined in the Volleyball WA guidelines. The club will ensure that the venue coordinator is available to oversee the running of home rounds and will notify Volleyball WA of any changes to the coordinator or venue availability during the season.

**Club Representative Name (Print):**  
[Insert Name]

**Signature:**

**Date:**  
[Insert Date]

**How to Complete the Form:**

1. **Fill in the club and contact details** at the top of the form.
2. **Select your preferred dates** for hosting home rounds by marking the checkboxes next to the **Initial Round Date**. If you are proposing a new round date, write it in the **New Round Date** column and include the time.
3. **Provide the Venue Coordinator information**, including their contact details, to ensure Volleyball WA has the correct point of contact for venue coordination.
4. **Submit the completed form** to Volleyball WA by the designated submission deadline.
5. **Ensure the form is signed** by an authorised club representative.