



**QUEENSLAND  
BADMINTON  
ASSOCIATION Inc.**

ABN 58 026 692 361

Office 2.01/150 Caxton St  
Milton  
Qld, 4064

Email: [secretary@qba.net.au](mailto:secretary@qba.net.au)  
[www.qba.net.au](http://www.qba.net.au)

Secretary: Tristan Clow

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**2014 QLD Open Team Nomination Form**

Queensland Badminton Association is now seeking nominations for the 2014 Queensland Open Team.

**The QLD Open Team** will compete

2014 LI—NING EDE CLENDINNEN SHIELD & AUSTRALIAN CLOSED  
BADMINTON CHAMPIONSHIPS

30TH AUGUST—6TH SEPTEMBER 2014

Venue: Corio Leisuretime Centre, Anakie Rd, Norlane 3214  
Geelong, Victoria

**To nominate, players must be current members of the QBA (and have their membership current until the 16<sup>th</sup> June 2014 and renew it accordingly) and have the endorsement of their member association.**

**Nominations can be provided to the QLD BADMINTON ASSOCIATION INC direct and QBA will arrange for the nomination forms to go to the respective Regional Association for endorsement. Please send the scanned document to [secretary@qba.net.au](mailto:secretary@qba.net.au) by Monday 16<sup>th</sup> June 2014**

The nomination form is attached on the following page



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Secretary: **Tristan Clow**

I hereby wish to nominate for selection in the:

..... **QLD Open Team** will compete in Geelong, Victoria  
30<sup>th</sup> August – 6 September 2014.  
(Please note it is expected the team will need to travel 1-2 days prior and  
return one day after)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Player Signature: \_\_\_\_\_

Parent/Guardian Signature (if player Under 18 years): \_\_\_\_\_

**By nominating for selection in the Queensland Open Team you agree to**

- **attend and participate in training sessions (approximately one per month);**
- **participate in tournament/s in the QBA tournament calendar including the Qld Open Championships in October; and**
- **produce a medical certificate if you are unable to attend the required training sessions.**

**Member Association Endorsement**

Member Association/Club (Please circle): **Sunshine Coast   Gold Coast   Brisbane**

**BMAQ Townsville Toowoomba Cairns**

I confirm that the above player is currently a member of this Association and is in good standing.  
On behalf of the Association I endorse this application.

Signature of Nominee: \_\_\_\_\_

Name and Position in Association: \_\_\_\_\_