



2025 Super League Series



Player Pool Nomination

To complete, simply fill in the details in the ELECTRONIC version

Conditions of Entry available from:

[2025 SLS Conditions of Entry.pdf](#)

Contact Details								
First Name	Surname	Mobile	Email	Date of Birth	Gender	Address	Suburb	Postcode

Pool Details		
Division Nominating For	Local Affiliate	Preferred Team

Please complete the form and return to Touch Football WA at warren.smiles@touchfootball.com.au
If you have any questions please contact:

Warren Smiles

| P: 08 9319 4600 | E: warren.smiles@touchfootball.com.au | W: www.touchfootballwa.com.au/wa/ |