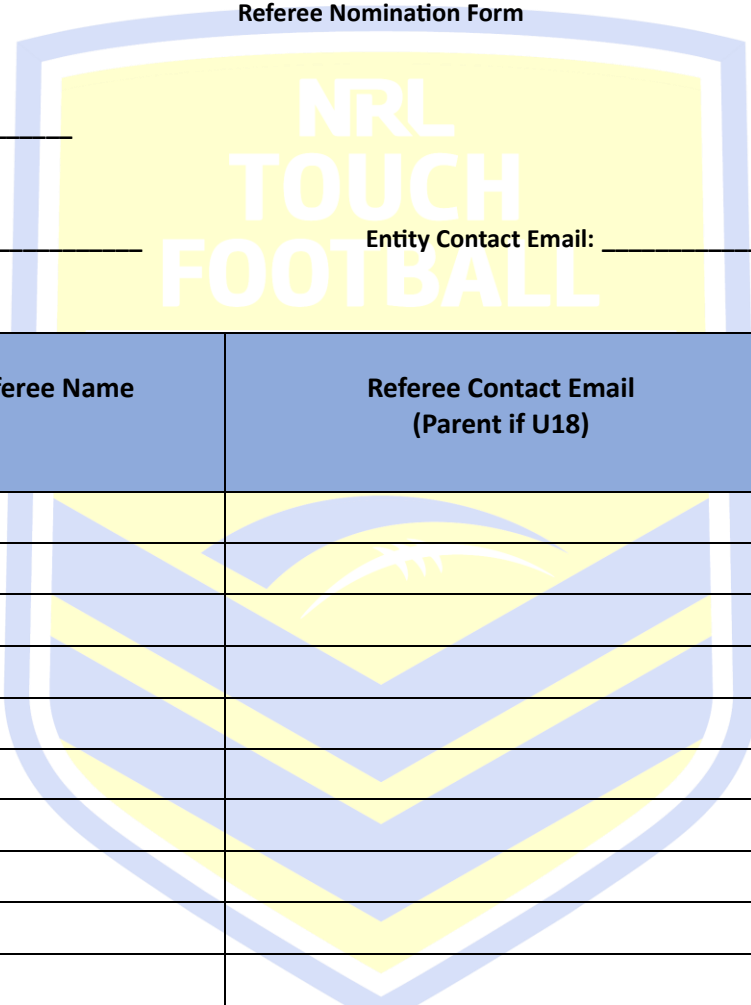


NRL Touch Football ACT

Capital Territory Cup

Referee Nomination Form



Entity: _____

Entity Contact Name: _____

Entity Contact Email: _____

Team (Division)	Referee Name	Referee Contact Email (Parent if U18)	Referee Age (As per COE)	Current Badge Level

Return completed form to justin.oag@touchfootball.com.au. Team entries will not be accepted and final until referee nominations are received.