



NSW STATE FINAL – 2010 TEAM NOMINATION FORM

Tournament of Minds

This Team Nomination Form MUST arrive at Tournament of Minds **no later than 5.00pm Monday 6th September 2010.**

An electronic copy must be completed at www.tom.edu.au by Tuesday 31st August

Mail **ALL** signed information to PO Box 1733 Newcastle NSW 2300 – **DO NOT FAX**

Name of School:

Address: Postal Code:

Phone No: Fax No:

Name of Facilitator:

Home Phone No: TOM Day Mobile No:

Name of 'Room Supervisor' (must be over 18yrs):

Primary Division: Team Member's Full Name *(Please print)*

- 1. Year
- 2. Year
- 3. Year
- 4. Year
- 5. Year
- 6. Year
- 7. Year

Name of discipline:.....

Secondary Division: Team Member's Full Name *(Please print)*

- 1. Year 7
- 2. Year 7
- 3. Year
- 4. Year
- 5. Year
- 6. Year
- 7. Year

Name of discipline:.....

I declare that the person named as "Room Supervisor" above has signed a Prohibited Employment Declaration form.

.....
School Principal