**MELBOURNE WINTER BASEBALL LEAGUE –**

Choose an item.

2025 **VICTORIAN WINTER STATE CHAMPIONSHIPS**

**EXECUTIVE OFFICER APPLICATION FORM:**

**NAME:**

**WINTER CLUB:** Choose an item. **AGE GROUP**: Choose an item.

**ACCREDITATION LEVEL: WWC number:**

**CABS NUMBER:**

**JUMPER SIZE:** Choose an item. **T -SHIRT SIZE:** Choose an item.

Please attach a copy of scorer’s resume, working with children’s check to this application.