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| **NAME:** | | | **year:** | |  |
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| **POSITION**  (indicate team and position) |  |  | | |  |
|  |  |  | | |  |
| Address |  |  | | |  |
|  |  | Postcode | | |  |
| Phone |  | Mobile | | |  |
| Email |  |  | | |  |
| Club Affiliated With |  |  | | |  |
| Briefly Outline Experience/Qualification For Position: | | | | | |
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| Why have you applied for this position and what makes you the right person for this position? | | | | | |
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| Where do you see your managing role taking you within Lacrosse WA? | | | | | |
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| What do you see as the unique challenges with this group of players and how do you plan on meeting those challenges? | | | | | |
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| Signed |  | Date | |

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*Please email copy to* [*executive@lacrossewa.com.au*](mailto:executive@lacrossewa.com.au)