



Registration Form

JUNIOR NETBALL

FRIDAY afternoons

AGE GROUP: 8, 9, 10, 11, 12, 13, 14, 15
(Age oldest player is turning this year)

TEAM NAME: _____

TEAM CONTACT: _____
(must be over 18yrs)

Address: _____

Email: _____

Ph Home: _____ Work: _____

Mobile: _____

TEAM MEMBERS:

Name	Date of Birth	Name	Date of Birth
1. _____	_____	6. _____	_____
2. _____	_____	7. _____	_____
3. _____	_____	8. _____	_____
4. _____	_____	9. _____	_____
5. _____	_____		

Age groupings & divisions may change depending on the teams registered in each competition. See Netball Co-Ordinator for up to date information prior to commencement of competition.

DECLARATION

I hereby declare that the above information is complete and correct AND that the team will abide by the Rules & Regulations of Play at DSLC and the decisions of the Netball Coordinator.

Signed (Team Representative)

(Date)

Note: TEAM REGISTRATION FEE OF \$35 MUST ACCOMPANY THIS FORM

Receipt No.

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