



# Netball South Regional League 2018/2019



## Entry Tournament Registration Form

Club Name: \_\_\_\_\_ Age Group: \_\_\_\_\_ Club Id: \_\_\_\_\_

	Playing Position	Name	D.O.B.	Email	Signature	Affiliation Number
1			/ /			
2			/ /			
3			/ /			
4			/ /			
5			/ /			
6			/ /			
7			/ /			
8			/ /			
9			/ /			
10			/ /			
11			/ /			
12			/ /			
Team Official	Coach		Phone:			
Team Official	Manager		Phone:			
Team Official	Primary Carer		Phone:			
Team Official			Phone:			
Team Official			Phone:			
SCORER			Phone:			

Coach to sign to confirm validity of information provided on this page: \_\_\_\_\_

I \_\_\_\_\_ (Coach/Teacher) agree that all the players named above have given consent for close range photography for this competition.

Please use continuation sheets for any additional personnel.