



Saturday Junior Netball Competition

REGISTRATION FORM



WINTER

Which Competition are you registering for? (Please tick)

- Primary (Year 1/2) Primary (Year 3/4)
 Primary (Year 5/6) Under 15

Team Name:

Date:

Player Name:

Player DOB:

Phone/Mobile:

Email:

Address:

Parent/Carer Name:

Parent/Carer Signature:

The priority of our community and staff is our top priority at this time. We ask for your patience and cooperation whilst we work through the new rules and operations required, ensuring that our Stadium is COVID safe.

If you have any questions or concerns, please contact us on (02) 4257 3468.

OFFICE USE ONLY:

\$130 Registration Payment Received

Date:

Active Kids Voucher Number:

Staff Signature: