

2017 Winter Season Player Registration



Team Name: _____ **Division:** _____

Coach: _____ **Email Address:** _____ **Qualification:** _____ **Blue Card #:** _____

Manager: _____ **Email Address:** _____ **Qualification:** _____ **Blue Card #:** _____

Umpire: _____ **Email Address:** _____ **Qualification:** _____ **Blue Card #:** _____

Team Contact numbers: Coach: _____ **Manager:** _____ **Umpire:** _____

**Please note all information above must be completed. If it isn't, the form won't be accepted by Cairns Netball Association.*

	PLAYER NAME	PLAYER SIGNATURE	DATE OF BIRTH	CAPITATION ALREADY PAID IN 2017? Y/N	IF YES REGISTERED WITH WHOM?	Date Player Registered	Date Ceased Playing Office Use Only	Date Started Playing Office Use Only	Refund/ Transfer Office Use Only	MyNetball Number
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										

TEAMS MUST HAVE A MINIMUM OF 7 PLAYERS REGISTERED AND A MAXIMUM OF 12.

