

# C N A - De-registration request form (Capitation ONLY)



## Applicant details:

If you have ceased playing in the Cairns Netball season for any reason, complete this form to be de-registered from the season entirely.

MY NETBALL #:			
First Name			
Surname			
Club & Team name:			
Reason for de-registration	<input type="checkbox"/> Non-Netball related injury	<input type="checkbox"/> Moving interstate	
	<input type="checkbox"/> No longer want to play	<input type="checkbox"/> Circumstances have changed	
	<input type="checkbox"/> Incorrect online registration		
	<input type="checkbox"/> Other (please specify) (e.g pregnancy, surgery)		

**If requesting a refund of your capitation, please contact NETBALL QUEENSLAND directly. You are NOT ENTITLED to a refund of your capitation if; you have taken the court in any capacity or intend to claim insurance on an injury.**

## Club Endorsement:

Person Name:			
Position:			
Signature:		DATE:	

**This section of the form to be completed by Admin Staff.**

## OFFICE USE:

Date registered:			
Capitation paid:			
De-registration date submitted:		Completed:	
Employee name:		DATE:	

## ACCOUNTS CONFIRMATION:

REFUND:	Amount:
	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

