



Please complete for special requests for players outside of their age group as listed below: Email completed form to: admin@cairnsnetball.net.au

Division Rules:		
Division	Minimum age	Maximum Age
9U	Turning 8 in that year	9
10U	Turning 8 in that year	10
12U	Turning 10 in that year	12
14U	Turning 12 in that year	14
16U	Turning 13 in that year	16
18U	Turning 15 in that year	18

President/Secretary					T	
Signature:				Date:		
	•			•		
Player details:						
Full Name:				Player ID #:		
Club Name:						
D.O.B				Age:		
Division required by AGE: *SEE ABOVE DIVISION RULES Please Circle	9/U	10/U	12/U	14/U	16/U	18/U
Division preference: Please Circle	9/U	10/U	12/U	1 4 /U	16/U	18/U
Team Name:						
Reason:						

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

OFFICE USE:		
Division Request: APPROVED / NOT APPROVED:	Date:	
Staff Member Name:	Signature	



Club Endorsement:

Club Representative Name:

Cairns Netball Association I ABN: 64 626 334 864

Email: opsmanager@cairnsnetball.net.au admin@cairnsnetball.net.au programs@cairnsnetball.net.au

Phone: 07 4051 7501 I Website: www.cairnsnetball.net.au