

# De-Registration Request

## 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.

Player ID #:			
First Name			
Surname			
Club & Team name:			
Played up until Week ?:			
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"/> Injured	
	<input type="checkbox"/> Other (please specify) (e.g pregnancy, surgery)		

**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:	

## OFFICE USE:

De-registration Date & Week submitted:		Completed:	
Employee name:		DATE:	

## ACCOUNTS CONFIRMATION:

REFUND FROM NETBALL CONNECT:	Amount:
	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved      BATCH # _____