



WYONG DISTRICT NETBALL ASSOCIATION INC.

PLAYER SELECTION APPLICATION FORM

(Please complete all sections in full)

Attachment 1

PLEASE PRINT

Surname Name: _____ **First Name:** _____

Date of Birth: _____ **Email:** _____

Address: _____

_____ **Postcode:** _____

Phone Home: _____ **Work:** _____ **Mobile:** _____

Team Applying For (please tick one):

11yr Development Squad

12yr Squad

13yr Squad

14yr Squad

15yr Squad

17yr & Under Squad

21yr & Under Squad

Open Squad

Masters Over 35s Squad

Masters Over 40s Squad

Masters Over 45s Squad

Playing Position 1: _____ **Playing Position 2:** _____

Previous Playing Experience – Please list the last three seasons of experience e.g. State, Academy, Association Representative, School Representative or Club experience (age, grade and year played):

1. _____

2. _____

3. _____

Applicant's Signature: _____ **Date:** _____

(If Player under 18)

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____