



# PLAYERS REGISTRATION FORM



To register, please make payment & return form by email to: [mel.dave1@bigpond.com](mailto:mel.dave1@bigpond.com)

## PARTICIPANT DETAILS

Name: \_\_\_\_\_ Age in 2014 : \_\_\_\_\_

Address: No. & Street : \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ P/code: \_\_\_\_\_

## PARENT/GUARDIAN DETAILS

Parent/Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

Allergies and/or Illnesses Y  Details: \_\_\_\_\_  
N  \_\_\_\_\_

Name of any friends attending: \_\_\_\_\_

Club/Assoc: \_\_\_\_\_

Have you attended previous Clinic:  Y Visor  
 N Shirt Size: 6 8 10 12 14 S M L

DAYS ATTENDING CLINIC  1 @ \$45.00  
OR  2 @ \$80.00

## PAYMENT DETAILS

Direct Deposit Only

Payment to: Saints Netball Club Inc - BSB: 034212

Account No: 810748

Ref: Clinic & your surname

---

## ADMIN ONLY:

Total Owing : \$ \_\_\_\_\_ Payment Received Y  N

Date: \_\_\_\_\_