

SAPSASA AIRPORT DISTRICT

2015 NETBALL NOMINATION FORM

NAME _____

Address:

School:

Year Level:

Date of Birth:

Positions: Preference 1:

Preference 2:

Preference 3:

Any current health care information that would restrict/limit your child participating in trials:

Any other personal information that I should know prior to trials:

Parent 1/Care Giver Name:

Contact Phone Numbers (in case of emergency):

Email Address:

Parent 2/Care Giver Name:

Contact Phone Numbers (in case of emergency)

Email Address:

Please fax form to Deann Olsen School Fax 8235-1267 or email
deann.olsen663@schools.sa.edu.au

By **Friday March 13th 2015** (No late nominations accepted)