

SAPSASA AIRPORT DISTRICT

2014 NETBALL NOMINATION FORM

NAME _____

Address:

School:

Year Level:

Date of Birth:

Positions Played: (please circle) GK GD WD C WA GA GS

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 Jan Taylor School Fax 8235-1267 or email
Jan.Taylor998@schools.sa.edu.au
by Friday , March 14th 2014 (No late nominations accepted)**