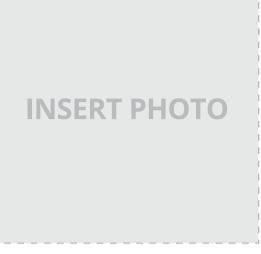


REPRESENTATIVE TEAM TRIAL FORM FOR 2020

15/U, 17/U & OPEN'S | 20th and 27th October| 9:30am - 11:30am

11/U | 10th and 17th November| 9:30am - 11:30am

13/U | 10th and 17th November| 11:30am - 1:30am



\$10 TRIAL Fee applies on day

PLAYER DETAILS		
Name:		Age in 2020:
Date of birth:///	Phone (H):	Mobile:
Current address:		
Suburb:	Post Code:	VNA No: (if known)
Email:		
COMPETITION EXPERIENCE		
Playing Experience: Yr Club:		Sect:
laying Experience: Yr Club:		Sect:
Playing Experience: Yr	Club:	Sect:
POSITION TRAILING		
Age Group: 11/u 13/u 15/u 17/u Open		
Playing Position (pick 3 only) GS GA WA WA WD C WD GD GK		
MEDICAL INFORMATION		
Medicare No:	Position No:	Expiry Date:
Private Heath Company:		Membership No:
Doctor:	Address:	
Suburb:	Post Code:	Allergies:
Phone:	Present Injuries:	Ambulance Cover: Yes / No
EMERGENCY CONTACT		
Name of a relative:		
Address:		Phone (h):
Suburb:	Post Code:	Mobile:
Relationship:	Email:	
SIGNATURES		

I authorize that the information provided on this form is correct, and can be used by the Northern Storm Netball Club for promotion purposes, and on Web Site if required. I acknowledge that my information will be kept private in all other circumstances as per the law. I also acknowledge that my trialing does not guarantee me a position in any teams selected, and that I will be selected on merit and skills required for these teams as decided at these trials.

Signature of Parent/Guardian if applicant U18 years:

Signature of applicant:

Date:

15/U, 17/U & OPEN CLOSING DATE - 17TH OCTOBER 2019 11/U & 13/U CLOSING DATE - 7TH NOVEMBER 2019

Trial forms to be MAILED OR EMAILED to

Northern Storm Netball Club P.O. Box 79 Watsonia Vic 3087 Phone: 0420 827 230 Email: admin@northernstormnetball.net Website: www.northernstormnetball.net