



TNA Junior Representative Player Application Form 2017

First Name:	Last Name:
D.O.B:	Registered Club:
Address:	
Home Ph:	Mobile:
Alternate Ph:	Alternate Mob:
Parent Email Address:	
Alternate Email Address:	

I wish to be considered as a Player in the following team/s: (please tick requested group/s)

11 Years (2006-07)	12 Years (2005)	13 Years (2004)	14 Years (2003)	15 Years (2002)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Playing Positions: 1st Preference: _____

2nd Preference: _____

Experience

Netball experience eg; Representative, Club and School.

Please list any previous or representative experience in the last 3 years and include the association.

We often send information through the TNA Facebook page. Do you have access to/use Facebook?

I understand that I will be responsible for any expenses incurred, as set down by TNA, e.g. Uniform, playing fees etc. I also acknowledge that there will be volunteer roster duties assigned to my family during the season to support subsidised playing fees.

Signed: _____ Date: _____

Signed: _____ Date: _____

(Parent/Guardian to co-sign if under 18)

Parent/Guardian names: _____

Please send all completed forms to TNA: office@tuggeranongnetball.com.au or bring to the first trial.
