Mid Hills Netball Association

PLAYER Nomination for 2015-2016 Association Representative Team

Age Group (Please circle)				as at 31 st Dec 2016)
11 & Under Born 2005 or 2006	13 & Under Born 2003 or 200			7 & Under orn 1999 or 2000
Player Name: _				
Address: _				
- Email address: _				
Date of Birth: _		Clu	b:	
Please write belo (eg Goalie, Centr		ourt position you w er)	ould like to tria	al for
1	st Preference			_
2	nd Preference _			
(See Clubroom N Playing Attend Attend	loticeboard or W g in a Redbacks training as requ at least 3 carniv	eb site) which incled Rep team in the Solired and vals, including the	udes but is no Summer compe compulsory ca	
We agree to abid	e by these cond	itions.		
Player Signature:			Date	:
Parent / Guardiar	n Signature:		Date:	
				of the following tasks: tion (please circle)
To qualify for Rep Selection dates	team selection Tuesday Thursday Wednesday		(6:00pm – 8.0 (6:00pm – 8.0	

FORMS TO BE SUBMITTED BY 8th SEPTEMBER 2015

Forms can be placed in Red Nomination Box on the table in the Clubrooms or Posted to Mid Hills Carnival Committee – PO Box 438, Woodside SA 5244.