

PLAYER NOMINATION FORM FOR NEW SOUTH WALES REPRESENTATIVE TEAMS

PLAYER DETAILS:					
Name:				DOB:	
Address:					
Suburb:		State:		Postcode:	
Phone:		Email:			
PLAYING EXPERIENCE OVER THE PAST 2 YEARS: (Please list highest level of each year)					
NOMINATING FOR: Please mark with an (X)					
	Men's	Women (I	Mixed)		
	23/Under	20/Under		17/L	nder
PLAYING POSITIONS:		1 st : 2 nd :		3 rd :	
DECLARATION:					
I hereby declare that I will be available to attend the Australian Mens and Mixed Netball Championships to be held in Sydney from Saturday 1 April - Sunday 8 April 2018. I understand the commitment that is involved should I be successful with team selection and that I will be expected to attend all training sessions set by the Coaching staff in the lead up to the tournament. I am aware that I will be required to self-fund all costs involved for me to travel as part of the team and that I will make the required periodic payments on time. Failure to do so may result in me not being able to attend the Tournament. I am required to pay a \$50 fee to trial which is fully refundable if I am not selected into a team.					
SIGNATURE: (Parent or Guardian required if under 18yrs old)					
Player:			Date:		
Parent or Guardian Name:					
Nominations can be returned to the Secretary of Mens Netball NSW on the below email					
Kelli Douglas - mensnetballnsw.sec@gmail.com Mens Netball NSW - Bank account details BSB - 642170 ACC - 710548			Office Use: Deposit Paid:	Yes	No