

SUTHERLAND SHIRE NETBALL ASSOCIATION INC.

2020 LATE REGISTRATION FORM

For office use - Has Club been advised that Player is approved to play?
Take copy of form for registrar.

Club Details

Date:	
Club:	
Club Contact: (this person must be available to answer any queries from the Registrar on Friday)	
Club Contact Phone Number:	

Player Details

Player ID:	
Player Surname:	
Previous Surname (if applicable):	
Given Names:	
Date of Birth:	
Playing Positions:	
Age & Grade to be Played:	
Team No: (if you could also provide a name of someone else in the team that would be helpful to ensure correct placement)	

Playing experience (incl Reps) - please include as much detail as possible

Year Played	Club or Association	Grade

THIS SECTION TO BE COMPLETED BY SSNA REGISTRAR

APPROVED? YES / NO (please circle appropriate answer)

IF NO, PLEASE PROVIDE ANY COMMENTS.....
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TEAM AND GRADE PLAYER IS PLACED IN.....

NAME OF ASSOCIATION REGISTRAR.....

SIGNATURE.....DATE RECEIVED.....

Registered with SSNA	Placed in team	Signature
Yes / No	Yes / No	

TAKE COPY FOR REGISTRAR