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**TEAM REGISTRATION FORM – SUMMER 2020/21**



**Sport: Junior Netball**

**Age Groups / Divisions: (please tick)**

Tuesday’s Wednesday’s

**TUE** Netta [7-9yr] ............. **WED** Fun-Net [4-6yr] ...........

**TUE** Sub Juniors [10-12yr].............. **WED** Netta [7-9yr] ..............

**TUE** Juniors [13-15yr]..............

**Registration:**

All regular players must be registered in our database to play. Please clearly complete the team registration sheet and indicate if any players are already ‘registered’ in our system.

**Fee’s payable:**

Fees are set at $550 per team per term. Teams are welcome to split this payment up amongst registered players as they see fit, however team fees are to paid in full by the team manager by week 3. Individual registrations are $80 per player per term. Intermittent players (fill in’s) can pay by the week at $8.50 per game.

**Payment:**

All payments must be made prior to the start of the season. Payments can be made either via cash, cheque or electronic bank transfer. All cheques must be made out to Seamer Sports Centre and must be paid in person at the centre. Bank transfers must use the team or player name as a reference (eg: smith jnr netball)

Email: [netball@seamersports.com](mailto:netball@seamersports.com)

**Bank Transfers**

BSB: 016-498

Acc: 2918-59551

Reference: “name/team netball”

**Refund Policy:**

Teams wishing to withdrawal from the competition must notify management before week 4. Refunds will be made on a pro rata basis and at management’s discretion. Individual refunds are not applicable to team payments.

PastedGraphic-1.tiff**Netball Team Details (min 7 players)**

**TEAM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organiser/Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **First Name** | **Surname** | **Mobile** | **Email (please write clearly)** | **Already Registered?** |
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Enquires: Nicki Cicchini – 0403 785 415