

TOTAL NETBALL APPLICATION FORM

All fields marked with * must be completed, if applicable

Please Note:

This form MUST be completed in FULL or the application may not be accepted.

A registration fee applies to join the league – usually around £ 25

Please contact the office for clarification.

* NAME OF LEAGUE?	
* WHICH NIGHT?	
* TEAM NAME	
SHIRT COLOUR	

TEAM MANAGER

ASSISTANT MANAGER

* NAME :	* NAME :
* ADDRESS :	* ADDRESS :
* POST CODE :	* POST CODE :
* HOME TEL :	* HOME TEL :
* WORK TEL :	WORK TEL :
* MOBILE :	* MOBILE :
FAX :	FAX :
* E-MAIL :	* E-MAIL :

1. Please select one of the three following statements that is relevant to your team. You are an:

Existing team (played last season) Old Team returning after a break, OR a

New Team - How did you find out about the league?

2. How good is your team (please be honest): POOR AVERAGE GOOD VERY GOOD

I accept full responsibility on behalf of my team to fulfil and pay for all fixtures for the season/s. I accept that once the fixtures have been done I cannot withdraw until a replacement team has been found. I agree to abide by the rules of the competition and I am aged 18 or over.

* Managers Signature	
* Date	
* Print Name	
* Date of Birth	

