

Request To Try Out For A Higher Age Group - Samford Netball Club

Player's Name: _____

Phone Number(s): _____ Birth Date: _____

Email: _____

Current Age Group: _____ Age Group Requested: _____

Supporting Coaches: (must be signed by 2 coaches – not a parent)

Name	Signature	Association/Club	Phone Number
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_____	_____	_____	_____
_____	_____	_____	_____

Representative Achievements: eg Met North, QCNA, Downey Park

Year	Age	Association	Division	Coach
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Past Teams & Coaches at Samford and/or Previous Club: (list most recent year first)

Year	Age Group	Club	Division	Coach
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Parent:	Name	Signature	Date
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Please fill out all details and email to: registrar@samfordnetball.org.au with a copy to: coaching@samfordnetball.org.au

This form is available on our website: www.samfordnetball.org.au

If you are unable to send an email then please post to Coaching Convenor Competitive, Samford Netball Club, PO Box 176, Samford, QLD 4520.

Due Date: Sat Feb 6 2010

If you are unable to get your Supporting Coaches' signatures, then please provide their telephone numbers. Supporting coaches can attach additional details or a reference if desired.