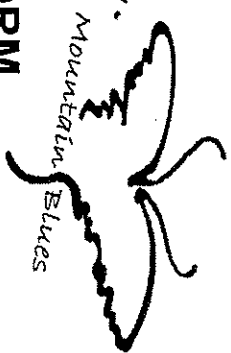


Samford Netball Club Inc.



MANAGER NOMINATION FORM

Personal Details

Surname: _____

Given Names: _____

Preferred name: _____

Phone: Home _____

Mobile _____

Home Address: _____

Postal Address: _____

Email: _____

Date of Birth: _____

Blue Card Number: _____

Expiry Date: _____

First Aid
Qualifications,
including date: _____

Have you previously Managed a Netball Team? Yes / No

If yes, _____

Competitive / Non Competitive

Name of daughter whose team you wish to Manage: _____

Managing a team entitles you to a refund of your family levy at the end of the season. Samford Netball Club will hold a Managers information evening prior to the beginning of the season and will provide you with team details, a list of duties and some basic equipment including a simple First aid kit.

Signature: _____

Date: _____