



Port Stephens Netball Association

Representative Nomination Form



(a separate form to be used for each nomination)

SURNAME: **FIRST NAMES:**

Date of Birth: **Prefers to be called:**

ADDRESS:

.....**POSTCODE:**.....

HOME TELEPHONE: **MOBILE:**

EMAIL:

I wish to nominate for: (please tick the appropriate box)

- 11 Years Training Squad
- State Age - 12 years, 13 years, 14 years, 15 years (please circle)
- State - 17 years, 21 & Under, Opens, Masters (please circle)

I wish to nominate as a:

- Player - preferred positions (in order of preference):
 - 1.
 - 2.
- Umpire - Badge held – National/District
- Umpire - Currently training for badge

Please note: Coaches and/or Managers and/or Tour Managers need to complete the special Representative Personnel Nomination Form, available at the office or on our website.

I have read and understand the information contained in the attached pages and agree to attend the Information Night for prospective Representative Players.

I give permission for my name/daughters name to be published on the PSNA website if successful in gaining a position in the training squad/representative team.

.....
Applicant Signature

.....
Parent Signature (if player under 18)

Date:

Date: