



STERLING SAINTS NETBALL INC

SELECTION FORM 2010

NAME: _____
DATE OF BIRTH _____ AGE (as at 31/12/2010) _____
ADDRESS: _____
_____ POST CODE: _____
HOME TELEPHONE: _____ MOBILE: _____
EMAIL ADDRESS: _____

Seniors

Please circle appropriate Division

Open (Div 1-2)

Open (Div 3-6)

Open (Div 7+)

Juniors 17 years and under

Club / School Played Last Year: _____

Grade Played Last Year: Winter: _____ Spring: _____

ALL

Preference this year (please circle appropriate): Higher or Lower

Positions: (1) _____ (2) _____ (3) _____

ALL

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT DETAILS: _____

ANY ILLNESS / ALLERGIES / MEDICAL PROBLEMS: _____
