

**SUTHERLAND SHIRE NETBALL ASSOC INC**  
**WITHDRAWAL FORM**

NAME \_\_\_\_\_ CLUB \_\_\_\_\_

TEAM \_\_\_\_\_ GRADE \_\_\_\_\_

NAME OF REPLACEMENT PLAYER \_\_\_\_\_  
(if applicable)

ASSOCIATION REGISTRAR \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

ASSOCIATION TREASURER \_\_\_\_\_

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The above forms to be completed as a set for each player being withdrawn, and handed to the Registrar in charge of the particular age group concerned.

NOTE: Registration fee will not be refunded.