SUTHERLAND SHIRE NETBALL ASSOCIATION INC.

2022 LATE REGISTRATION FORM

For office use - Has Club been advised that Player is approved to play? **Take copy of form for registrar.**

LATE REGISTRATIONS TO BE LODGED TO SSNA (mynetball@ssna.asn.au) BY WEDNESDAY 9AM OF THE WEEK OF PLAY

Club Details Date: Club: **Club Contact:** (this person must be available to answer any queries from the Registrar on Friday) **Club Contact Phone Number: Player Details Player Surname:** Previous Surname (if applicable): **Given Names:** Date of Birth: **Playing Positions:** Age & Grade to be Played: Team No: (if you could also provide a name of someone else in the team that would be helpful to ensure correct placement) Playing experience (incl Reps) - please include as much detail as possible Year Played **Club or Association** Grade THIS SECTION TO BE COMPLETED BY SSNA REGISTRAR APPROVED? YES / NO (please circle appropriate answer) IF NO, PLEASE PROVIDE ANY COMMENTS..... TEAM AND GRADE PLAYER IS PLACED IN..... NAME OF ASSOCIATION REGISTRAR..... SIGNATURE......DATE RECEIVED......DATE Registered with SSNA Placed in team **Signature**

Yes / No

Yes / No