PLEASE USE BLACK BIRO

CHARLESTOWN NETBALL ASSOCIATION INC.

CLUB_____REGISTRAR_____PHONE_____

NAME OF TEAM_____AGE CATEGORY_____GRADE_____

TEAM CONTACT PERSON_____PHONE:_____MOBILE_____

We hereby agree to affiliate with Charlestown Netball Association Inc. and to abide by the Rules of the Association for the time in force.

SIGNED:_____Club Secretary/Team Captain DATE_____

RCPT.	MEM.NO.	NAME	ADDRESS	P/CODE	PHONE	D.O.B.	BCV	LAST TEAM	GRADE	YEAR

CONTACT EMAIL ADDRESS_____