



Caloundra District Netball Association Team Capitation Form

tick the appropriate box...

Year: _____

Season: 1 (Jan - Jun)	<input type="checkbox"/>	2 (Jul - Dec)	<input type="checkbox"/>
Competition: Tuesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>
Division:	Social 1	Div A1	<input type="checkbox"/>
	Social 2	Div A2	<input type="checkbox"/>
		Div B	<input type="checkbox"/>

Team Name: _____

Team Contact: _____

Mobile: _____

Email: _____

	First Name	Surname	DOB (DD/MM/YYYY)	Mobile	Email	Signature	Office Only: Registration Confirmed
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

** By registering to Caloundra District Netball Associations Night Competition via Netball Connect you agree and understand that you must follow the Terms & Conditions as per your agreeance at time of registration. Failure to follow these Terms & Conditions may result in suspension from the competition.*

** Night Competition Guidelines, Policy, Codes of Behavior and other Policies can be found on our website www.caloundranetball.org.au*