



State Netball Centre
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www.qld.netball.com.au

SEASON 2 2017 INDIVIDUAL NOMINATION FORM

1. Choose a Format

Monday Ladies
Tuesday Fast 5
Tuesday Mixed
Wednesday Ladies

2. Position

GA/GS
WA
C
WD
GD/GK
No Preference

Personal Contact Details (Please provide all details clearly)

Name: _____

Email: _____

Mobile: _____

Reason for Registering/Experience: _____

I agree to having this form distributed to SNC competition captains that require fill in players or additional team members.

Signature: _____ Date: _____

