

Sandringham Youth Club Netball Association

PLAYER TRANSFER FORM

I.....wish to register to play with
(club name).....

For season.....in section.....

Address.....

Phone number..... Date of Birth.....

My VNA registration number is.....

Did you play at the Sandringham Association last year? Y / N
If yes, which club?.....

What age group were you in?.....
Have you registered with another club this year? Y / N

If yes, please realise you can only be registered with one club in the one season.

Please ensure you have informed your previous club that you are not returning this season.

I confirm the above information is correct.

.....
(Parent sign if under 18)

.....
(Date)

Transfer from:.....Netball Club

Transfer to:.....Netball Club

.....
Official on behalf of previous Club

.....
Official on behalf of SYCNA