

## SA WOMEN'S FOOTBALL LEAGUE SUMMER TRAINING SQUAD



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	PLAYER APP	LICATION FORM			
FULL NAME		CLUB			
DOB*		CURRENT POSITION/S			
HEIGHT		PREFERRED POSITION/S			
WEIGHT		PLAYING EXPERIENCE			
EMAIL		-			
PHONE					
ADDRESS		-			
*must be aged 17 y	ears or older as at 1 <sup>st</sup> January 2015 to apply				
Do you have other commitments, i.e. work or study? YES / NO (please circle) f so, what days do you have commitments:					
re you prepared to sign a contract regarding your commitment to the program if the SAWFL and SAAFL financiall nvest in it?					
		YES / NO (pleas	se circle)		
f an interstate game is played in 2015, can you make yourself available to travel interstate?					
		YES / NO (pleas	se circle)		
IGNATURE _					
ATE _	/				
	Fax: ((				



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We are also looking for qualified AFL coaches, sports trainers, physiotherapists, nutritionists and strength and conditioning coaches to get involved with the program!

VOLUNTEER APPLICATION FORM				
FULL NAME		CLUB		
DOB		CURRENT ROLE/S		
EMAIL		PREFERRED ROLE/S		
PHONE		ACCREDITATION LEVEL		
ADDRESS		EXPERIENCE		

Do you have other commitments, i.e. work or study? If so, what days do you have commitments: YES / NO (please circle)

If an interstate game is played in 2015, can you make yourself available to travel interstate?

YES / NO (please circle)

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_/\_\_\_/\_\_\_\_