**CAMPBELLTOWN DISTRICT NETBALL ASSOCIATION INC**

**PLAYER APPLICATION FOR 2017 METRO LEAGUE**

**TRIAL DATES: 20th & 27rd NOVEMBER 2016 – 3.30pm**

MINTO INDOOR SPORTS STADIUM, REDFERN RD MINTO

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **P/code:**\_\_\_\_

**Email:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact No:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **D.O.B:** \_\_\_\_/\_\_\_\_/\_\_\_\_

What year did you last play Metro League? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which Association did you play for in 2016? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which Metro League Division did you play in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1ST POSITION:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **2ND POSITION:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to be considered for selection in: (tick boxes as appropriate)

Team 1 only Open selection – no eligibility requirement

Team 2

Team 3 Any team

Please note that unless spoken to by the selectors you will **only** be considered for the team or teams you have indicated.

I am aware that if I decline selection in a team that I have been selected for, I will be ineligible for all Campbelltown Representative Selections until 2018. I understand that if I have planned or are planning any holidays or absences during the 2017 season, that this can affect my selection into a particular team.

Will you be absent for any periods of time during the 2017 Metro League Season?

**Yes / No** (circle) **Dates absent**: \_\_\_\_\_\_\_\_\_\_\_\_\_ **Reason**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A NON REFUNDABLE deposit of $100 is required upon acceptance of a position in a 2017 CDNA Metro league team.**

**Payment details:**

**Direct Debit: BSB:**  082-494 **A/C:** 03779 0202 (Use player name as reference)

Cheques are payable to CDNA Rep Account - P.O Box 121, Minto, NSW 2566.