



Netball Nights

TEAM APPLICATION FORM

TEAM NAME		KIT COLOUR	
LEAGUE			
STANDARD OF TEAM	NEW TEAM/BEGINNERS AVERAGE GOOD		

TEAM MANAGER

ASSISTANT MANAGER

NAME :	NAME :
ADDRESS :	ADDRESS :
POST CODE :	POST CODE :
HOME TEL :	HOME TEL :
WORK TEL :	WORK TEL :
MOBILE :	MOBILE :
E-MAIL :	E-MAIL :

I accept full responsibility on behalf of my team to fulfill and pay for all fixtures for the season's. I accept that once the fixtures have been done I cannot withdraw until a replacement team has been found. I agree to abide by the rules of the competition and I am aged 18 or over.

SIGNATURE*	SIGNATURE*
PRINT NAME*	PRINT NAME*
DATE OF BIRTH*	DATE OF BIRTH*
DATE SIGNED*	DATE SIGNED*

66 West Avenue, Lightcliffe, Halifax, HX3 8TJ | T: 07783 270972 | E: Claire@netballnights.co.uk

TEAM LIST

ALL PLAYERS MUST BE 14 & OVER

Please provide a minimum of 3 email addresses. Fixtures will be sent to all emails provided.

There is no limit to the amount of players you can register and you can register players at any point in the season by contacting the Netball Nights office with the players details.

Players Name

Email address

Telephone no.

Players Name	Email address	Telephone no.

PLEASE NOTE NETBALL NIGHTS DO NOT PROVIDE PERSONAL INJURY INSURANCE; IF YOU ARE ALREADY AFFILIATED TO ENGLAND NETBALL YOUR INSURANCE COVERS YOU UP TO SILVER LEVEL. NETBALL NIGHTS WILL NOT BE HELD RESPONSIBLE FOR PERSONAL INJURY.

**IF YOU HAVE ANY QUESTIONS PLEASE CONTACT NETBALL NIGHTS ON
07783 270972 OR EMAIL [INFO@NETBALLNIGHTS.CO.UK](mailto:info@netballnights.co.uk)**

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