

**SWINDON AND DISTRICT NETBALL ASSOCIATION  
PLAYER REGISTRATION FORM**

**For**  **Netball Club**

In the  **Team**

* SURNAME	
* FIRST NAME(S)	
* PLAYER SIGNATURE	
* DATE	
* PLAYER DATE OF BIRTH (U21 ONLY)	
EN Affiliation Number	
CLUB SECRETARY'S SIGNATURE	
CLUB TRANSFERRED FROM	
TRANSFER SECRETARY'S SIGNATURE	

PLAYERS - please complete the fields marked with \*

**THIS FORM MUST BE COMPLETED AND SENT TO THE RECORDS  
SECRETARY AT LEAST 48 HOURS PRIOR TO THE PLAYER'S FIRST MATCH  
PLAYERS MUST ALSO BE AFFILIATED TO NSW & WCNA**