

Social Competition TEAM Nomination Form

TEAM NAME: _____
 TEAM CONTACT NAME: _____
 POSTAL ADDRESS: _____
 SUBURB: _____ POSTCODE: _____
 MOBILE PHONE: _____
 OTHER PHONE: _____
 EMAIL: _____
 SECOND CONTACT NAME: _____
 MOBILE PHONE: _____
 EMAIL: _____

COMPETITION DETAILS: Please tick -

Sunday Afternoon Ladies Mixed Men

UNIFORM COLOURS:

TOP _____

<u>Surname</u>	<u>First</u>	<u>Email</u>	<u>Mobile</u>	<u>Address</u>	<u>Suburb</u>	<u>Post Code</u>	<u>Gender</u>	<u>Date of Birth</u>

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ShootingStars

200 Selby Street JOLIMONT 6014
PO Box 930 SUBIACO 6904

Tel: (08) 9380 3700 Fax: (08) 9380 3799 Email: info@netballwa.com.au
www.netballwa.com.au





VOLLEYBALL
WESTERN AUSTRALIA

STATE
NETBALL CENTRE

Home of Netball in WA.

VENUES WEST

I, as a person in charge and responsible for this group, acknowledge that I have read the STATE NETBALL CENTRE COMPETITION GUIDELINES and the VOLLEYBALL WA MEMBER PROTECTION POLICY and have explained the conditions of use to all members of the group that I am responsible for. I provide consent for Netball WA to record my image and my teammates images (photograph or video footage) for promotional purposes. I understand my image and my teammates images may be used in mediums including: publications and promotional material, and broadcast, print and electronic media. I acknowledge that my image and my teammates images will be used without any personal compensation or remuneration. I agree to forgo any rights to my image or my teammates images including my moral rights and copyright.

SIGNED: _____

NAME: _____

DATE: _____

Please return this form to the State Netball Centre staff at reception or via socialcomps@netballwa.com.au

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