I (Your Name)	
of the (Teams Name)	
Warrant and declare that I, on behalf of al declaration and accordingly on behalf of th will participate in ALL games programmed	e team named on this from, declare that w
I further agree that, on behalf of all the Busselton, the agents and employees of the all claims, however arising, which may res presence within the Geographe Leisure Cen	Geographe Leisure Centre against any and sult from my teams use, participation in o
Photographs of team members may be tak for promotional purposes.	en & used by the Geographe Leisure Centr
Note: Having completed this declaration is have a copy of the Centre Bylaws and that aware of them.	
INSURANCE: The City of Busselton is <b>not</b> Player/team insurance is available, cover contact your local insurance consultant for	ring official matches and training, pleas
Please read all information carefully prio forfeit fee information.	r to signing this form and initial next t
FORFEITS Forfeiting a gam	e may incur a fee.
After 12pm on game day	<u>ı</u> : <b>\$130.00</b>
Before 12pm on game do	<u>u</u> \$65.00
More than 24 hours noti	<u>ce:</u> No charge.
<u>Initial Here</u> -	
Signature of Captain	Date
Signature of Staff	Date

# Social Netball

Played Thursday mornings, all year round. Umpires and Bibs are provided.

### **WOMENS Competition**

Enjoy the company of your friends, while gaining the benefits of exercise, in a social competition at the GLC.

Minimum age 14.

## **Nominations Open:**

Thursday 29 August 2024

**Nominations Close:** 

Thursday 26 September 2024

(OR when competitions is full)

**Competition Starts:** 

Thursday 10 October 2024

Day:

**Thursday Mornings** 

Times:

From 9.15 am

Price:

\$65.00 per team, per week

**NOMINATION FEE:** 

\$65.00

Payable with Nomination form. (NON-REFUNDABLE).



# SOCIAL NETBALL

Thursday Morning

**Nomination Form** 



# Geographe Leisure Centre

1 Recreation Lane, West Busselton E: glcmembership@busselton.wa.gov.au P: 9754 3600

# **TEAM NOMINATION FORM**

	PAID	שי	PAID		PAID
	DATE		DATE		DATE
			dy)	Office use on	8. FORFEITS (Office use only)
	all team members.	nanding a copy to	above and understand I am responsible for handing a copy to all team members. <i>SIGNED:</i>	derstand I a	above and un
he team nominated	(team contact) have received fixtures for the	contact) have rec			I
			dy)	Office use on	7. FIXTURES <i>(Office use only)</i>
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Time Rec'	Date Rec'	Reciept #	Amount Paid		
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			(please circle)	MIXED	LADIES
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			1 or 2 or 3	:/DIVISION	3. TEAM NAME / DIVISION 1 or 2 or 3
					EMAIL:
	(W)	7	(M)		PHONE: (H)
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					NAME
			TACT	TEAM CON	2. ALTERNATE TEAM CONTACT
					EMAIL:
	(w)	3	(M)		PHONE: (H)
	P/CODE:	<b>י</b> ם			ADDRESS:
					NAME
		unications)	1. TEAM CONTACT (Responsible for all communications)	ACT (Respo	1. TEAM CONT