



Prahran Netball Association Inc.
PO Box 346, Prahran 3181
Telephone : (03) 9510 4019
(Tue, Wed, Thur – 10 am to 3pm)
Email: pnainc@prahrannetball.com.au
Web : www.pahrannetball.com.au

2012 REPRESENTATIVE TEAM INFORMATION

For 13 & Under and 15 & Under

Tryout Dates	Sunday 16th October Sunday 23rd October Sunday 6th November if needed
Times	15 & Under – 09:30 am to 11:00 am 13 & Under – 11:00 am to 12:30 pm
Where	Orrong Romanis Centre, 2 Molesworth Street, Prahran – Vic. 3181
Training Sessions	Two hours every Sunday at Orrong Romanis Centre from the end of January until mid-October. Dates and times to be confirmed.
Commitment	One Thursday night season at Waverley Netball Centre from February to June, plus 5 - 6 all-day (Sunday) tournaments.
Financial Commitment	Player fees will be \$250.00 per player, which includes hire of representative uniform.
NOTE	90% attendance at training sessions is expected.

PLEASE do not apply if you are unable to comply with the scheduled training and match/tournament commitments.



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2012 REPRESENTATIVE TEAM APPLICATION (1)

(All sections of this form must be completed and returned by 14th October 2011, either via email or post)

Section A

(Circle one) I Wish to Trial For	13 & Under Born 1999 or 2000		15 & Under Born 1997 or 1998	
NAME (in full)	First Name		Surname	
EMAIL ADDRESS (Essential)	NOTE : All relevant information will be via electronic communication. Email address provided must be accessed regularly			
HOME ADDRESS	Post Code - Home			
TELEPHONES	Mobile (Mother)	Mobile (Father)	Home	
DATE OF BIRTH				
NAME OF SCHOOL	School Year Level :			
Preferred Playing Positions (1-3)	1.	2.		
List ALL medical conditions and/or injuries				

NOTE : This application form must be returned by no later than 12 noon, Friday 14th October 2011.



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2012 REPRESENTATIVE TEAM APPLICATION (2)

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Section B

I give permission for my child _____ to attend the 2012 Representative Selection Trials.

In the event of illness, accident or emergency, I authorise the PNA personnel in charge, where it is not possible to contact me, to seek any medical assistance which may be deemed necessary (including ambulance).

Parent (1) Name	Signature	Date:
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Section C

I understand that if I am selected for the 2012 PNA Representative Team, I will be required to :

1. Attend weekly training sessions
2. Commit to playing in the weekly Thursday night competition at Waverley Netball Centre, and
3. Commit to playing in all-day Sunday tournaments, 5 – 6 a year

Player Name	Signature	Date:
Parent Name	Signature	Date :

NOTE : This application form must be returned by no later than 12 noon, Friday 14th October 2011.