JUNIOR UNDER 11, 12, 13, 14, 16 LEAGUE

\*\*\*\*\*CENTRAL VENUE \*\*\*\*\*

Redbridge Sports Centre

# ESSEX METROPOLITAN NETBALL ASSOCIATION

[www.essexmet.co.uk](http://www.essexmet.co.uk)

 FORM JLE1

## JUNIOR LEAGUE ENTRY FORM 2023/2024

1. Name of Club / School: ………………………………..………………………………..………………………………..

2. Name(s) of team(s) entering League:

* Under 11: ………………………………..………………………………..………………………………..
* Under 12: ………………………………..………………………………..………………………………..
* Under 13: ………………………………..………………………………..………………………………..
* Under 14: ………………………………..………………………………..………………………………..
* Under 16: ………………………………..………………………………..……………………………….. [one team per club]

 Entry fee per team: Essex Met Clubs £15 per team

Non Essex Met Clubs £20 per team

### NB – Court fees will be payable to RSC who will invoice clubs directly.

3. Contact - Name: ………………………………..………………………………..………………………………..…………………

 Telephone Home - ………………………..…………………………….

 Work - ………………………..……………………………. Mobile -………………………..…………………………….

 Email - ………………………..………………………………..……………………………………………

4. Emergency contact – Name - ………………………..………………………………..…………….………………………..…….

 Telephone Home - ………………………..……………………………. Work - ………………………..…………………………….

 Mobile - ………………………..…………………………….

 Email - ………………………..………………………………..…………….……………………………...

**Consent to the use of personal data**

I consent to Essex Metropolitan Netball Association including my personal data (my name, email address and telephone number(s) on its list of Club Contacts on its website. I understand that I can withdraw my consent to this use of my personal data at any time by sending notice in writing or by email to the League Secretary.

Secretary                                                                                              Emergency

Name:                   ………………………………………………………………………………  Name:                   ………………………………………………………………………………

Club:                      ………………………………………………………………………………

Signature:             ………………………………………………………………………………  Signature:             ………………………………………………………………………………

Date:                     ………………………………………………………………………………  Date:                     ………………………………………………………………………………

**PLEASE RETURN THIS FORM BY 12 July 2023 to:**

Kaye Cornwall

549 Ripple Road, Dagenham, Essex, RM94QL.

Email: kayecornwall@yahoo.co.uk

**Accompanied by the appropriate fee – bank transfer preferred to 08-92-99 65422500.**

**cheques made payable to Essex Metropolitan Netball Association**