**ESSEX METROPOLITAN NETBALL ASSOCIATION**

**PLEASE READ**

**LEAGUE – TEAM REGISTRATION FORMS**

1. send to Results Secretary before first League match (or earlier).
2. Captains, or representative emails results card to Results Secretary.
3. all result cards will be checked by the Results Secretary.

NON RECEIPT of the Team Name form will exclude you from the first match of the Season. Points will be awarded to opponents who are non-offenders.

Tracy Howe

 Results Secretary

 15 Fieldway

 Dagenham

 Essex RM8 2BH

 Tracy.Howe@tube.tfl.gov.uk

 m2how@hotmail.com

**ESSEX METROPOLITAN NETBALL ASSOCIATION**

**LEAGUE**

**TEAM REGISTRATION FORM**

Name of Club: .........................................................................

Name of Team: ..........................................................................

DIVISION: ...................................

|  |  |  |
| --- | --- | --- |
| Player’s Name(please PRINT name) | idNumber  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_ | G.S. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_ | G.A. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_ | W.A. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_ | C. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_ | W.D. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_ | G.D. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_ | G.K. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_ |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_ |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_ |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_ |  |