**ESSEX METROPOLITAN NETBALL ASSOCIATION**

www.essexmet.co.uk

**2018/2019 SEASON**

**Timetable for submission of forms, names, and money**

|  |  |  |  |
| --- | --- | --- | --- |
| DATE | **FORM** | **TO BE SENT TO:** | **Money?** |
|  |  |  |  |  |  |
| 11 July | LE1A - League Entry Form | League Secretary |  |  |  |
| 11 July | SLEA - 3 Swords Entry Form | 3 Swords League Secretary |  |  |  |
| 10 August | LE1 - League entry confirmation | League Secretary |  | Treasurer | **YES** |
| 10 August | SLE1 - 3 Swords confirmation | 3 Swords League Secretary |  | Treasurer | **YES** |
| 30 September | JLE1 - Junior League Entry Form | Junior League Secretary |  |  | **YES** |
| **THE FOLLOWING FORMS WILL BE SENT ON RECEIPT OF THE LEAGUE CONFIRMATION FORMS** |
| Start of Season | List of affiliated & qualified umpires | Umpiring Secretary |  |  |  |
| Start of Season | List of affiliated & qualified coaches | Coaching Secretary |  |  |  |
| Start of Season | Signature lists |  | Results Secretary/3 Swords Secretary/Junior Secretary |  |  |
| Prior participation | Affiliation during the season |  | Results Secretary | Treasurer -PART |  |

|  |
| --- |
| **FORM TO: LEAGUE SECRETARY****BY: 11 July 2018** |

**ESSEX METROPOLITAN NETBALL ASSOCIATION**

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**FORM LE1A**

**LEAGUE ENTRY FORM 2018/2019**

1. Name of Club:

2. Number of team(s) entering League: **£10.00 per team**

3. Secretary - Name: Mr/Mrs/Miss/Ms

 Telephone no: Area Code Number Extn.

 Home:

 Work:

 Mobile:

 **v. important:** Club contact email address:

4. Emergency Contact - Name:

 Telephone no: Area Code Number Extn.

 Home:

 Work:

 Mobile:

 Email address:

**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 EMAIL THIS FORM to LEAGUE SECRETARY**

Yvette Hurley email: marahur@netscape.net; memfuller8@gmail.com

32 Couchmore Avenue, Clayhall, Ilford, Essex IG5 0PL

Tel: 020 8924 1382

**BY 11 July 2018**

NB. Please remember to complete the Confirmation of League Entry Form and return it to the League Secretary by **10 August 2018**

|  |
| --- |
| **FORM TO: TREASURER - WITH MONEY,** **LEAGUE SECRETARY****BY: 10 August 2018** |

**ESSEX METROPOLITAN NETBALL ASSOCIATION**

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**Confirmation of LEAGUE ENTRY FORM 2018/2019 FORM LE1**

1. Name of Club:

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

**If more than four teams entered, please indicate which teams prefer to/not to play at the same time.**

 Entry fee: Affiliated to Essex Met.teams **(£10.00)**

Affiliated outside Essex Met. teams (£60.00 for 1st team, £30 for subsequent teams)

3. Secretary - Name: Mr/Mrs/Miss/Ms

 Telephone no: Home: Work:

 Mobile:

 **essential:** Club contact email address:

4. Emergency Contact - Name:

 Telephone no: Home: Work:

 Mobile:

Email address:

5. Club Training Night: Club Colours:

 Training venue:

 Training address:

6. Is your club open to new members? YES/NO

**Consent to the use of personal data**

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Secretary Emergency

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

Club: ………………………………………………………………………………

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

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

**PLEASE EMAIL THIS FORM TO THE LEAGUE SECRETARY**

Yvette Hurley email: marahur@netscape.net 32 Couchmore Avenue, Clayhall, Ilford, Essex IG5 0PL

**SEND A COPY OF THE FORM, *WITH DEPOSIT OF £90.00 PER CLUB & £10.00 PER TEAM***

To Maggie Fuller email: memfuller8@gmail.com 8 Bloomfield Crescent, Ilford, Essex IG2 6DR

Bank transfer: sort code: 08-92-99 a/c 65422500

**BY 10 August 2018**

**PLEASE NOTE LATE ENTRIES WILL NOT BE ACCEPTED**