



GARVILLE NETBALL CLUB

Application to coach for the winter 2010 season

A1 down to Sub Primary teams

NAME.....

ADDRESS.....

.....

PHONE NUMBERS: (h).....**(w)**.....**(mo)**.....

EMAIL ADDRESS:.....

TEAM applying for

Accreditation attained

PREVIOUS EXPERIENCE.....

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TEAM COACHED IN 2009.....

I give permission for this personal information to be given to Club officials where deemed necessary & understand the information will be used only for matters concerning the Club.

SIGNED.....

To be posted to:

The Secretary
Garville Netball Club
PO Box 1149
Glenelg South SA 5045