**East Regional Walking Netball Festival
Team Registration Form**

**Date:** Sunday 11th December 2016

**Venue:** University of Cambridge Sports Centre, Philippa Fawcett Dr, Cambridge, CB3 0AS

**Time:**

* Arrival, registration and warm-up **10am**
* First games start at **10:15am**

**Cost:** £25 per Team

 **Team name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which Walking Netball Session are you linked to?
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will your host be joining? (If not, can you provide an umpire? Please state name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
­­
Please complete the table below for all team members wishing to take part in the festival.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Player Name** | **DOB** | **Email Address** | **Postcode** | **Emergency Contact** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Please complete this form and return it **with payment** to:
**Florrie Jones
Netball East, 1-12 Old Park Road,
Hitchin,
Herts
SG5 2JR**