Kiama Netball Association Inc.

Team Sheet

CLUB: **TEAM No:**

CONTACT PERSON/COACH:	**PHONE No.**
GRADE REQUESTED:	

|----------KNA Office Use ONLY----------|

	SURNAME	FIRST NAME	D.O.B.	Phone No.	Last Grade/Club/Year Played	Fees	NSW Rego Form	Birth Cert Sited
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
					Total:- $			
	Umpires							
	Surname	First Name	D.O.B.	Phone No.	Mobile			
1								
2								