All players wishing to trial for the 2020 INTERLEAGUE Squads must fully complete and return this form to AFL Goldfields Netball Operations Manager Kim Bailey at [kim@aflgoldfields.com.au](mailto:kim@aflgoldfields.com.au) prior to

**5pm Friday January 24th 2020**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME:** |  | **NV NUMBER:** |  |
| **ADDRESS:** |  | **P/CODE:** |  |
| **CONTACT PHONE NUMBER (PARENT)** |  | | |
| **EMAIL ADDRESS (PARENT)** |  | | |
| **MCDFNL CLUB**  **(You currently belong to)** |  | **DOB:** |  |
| Outline INTERLEAGUE Team, Zone Academy & Victorian State Team representative history | | | |

Please tick the box of the age group you wish to trial for:

|  |  |  |
| --- | --- | --- |
| * **17 & Under**   **(born in 2003/2004)** | * **15 & Under**   **(born in 2005/2006)** | * **13 & Under**   **(born in 2007/2008)** |

Please nominate your 2 preferred playing positions:

(1) (2)