

**WALLINGFORD NETBALL CLUB
PERSONAL DETAILS FORM
NEW PLAYERS**

PLAYER DETAILS			
Surname:		Forenames:	
Date of Birth: <i>DD/MM/YYYY</i>		School Year:	

PLAYER CONTACT DETAILS		
Address:		
Email:		
Phone Numbers:	Home:	Mobile:

PARENT DETAILS (if applicable)		
Name:		
Address:		
Email:		
Phone Numbers:	Home:	Mobile:

HOW DID YOU HEAR ABOUT WALLINGFORD NETBALL CLUB?

Please return fully completed form to your coach, or email to membershipwnc@outlook.com

PLEASE NOTE: You are allowed to attend three taster sessions before deciding if you wish to join the club. If you would like more information about membership, please contact our Club Administrator on membershipwnc@outlook.com