



Netball Academy Expression of Interest Form

Player Information:		
Name:	Gender:	Age:
Parent's Name/s:	Contact Phone Number:	
Current School:	Email:	
Name of current Sport/HPE teacher:		
Netball Playing History:		
Club & Association (if applicable):	Division:	Years Played:
Representative Achievements: <input type="checkbox"/> School District Team <input type="checkbox"/> Metropolitan West Team <input type="checkbox"/> Queensland School Sport Team <input type="checkbox"/> Club Representative Team <input type="checkbox"/> Other: _____		
Other Netball Playing History:		
Playing Ambitions:	Top 3 Playing Positions: 1. 2. 3.	
Parent Signature:	Date:	
Please return this form to: BROOKE WASMUND GNA Co-ordinator Glenala State High School Cnr Glenala Rd & Hampton Street, Durack QLD 4077 Or scan & email to: bwasm2@eq.edu.au		