



USA REPRESENTATIVE APPLICATION FORM

Please indicate applicable team

West Coast Region <input type="checkbox"/>	Collegiate Team USA <input type="checkbox"/>
East Coast Region <input type="checkbox"/>	Team USA <input type="checkbox"/>
Southeast Region <input type="checkbox"/>	U/18 Team USA <input type="checkbox"/>

Name of Candidate: _____

Date of Birth: _____

US Citizen* (Yes/No): _____ If not what type of Resident: _____

* Please submit a copy of your US Passport information page or other documentation stating you are a US Citizen. If green card / visa holder, please submit a copy of the document.

Playing Position 1st Preference: _____ 2nd Preference: _____

I am currently registered with _____ Club/Team

Name of University/School: _____

City/State for University/School: _____

Netball Playing Experience (include any past representative experience):

Home Address: _____

Postcode: _____

TELEPHONE NUMBERS HOME: _____ WORK: _____

MOBILE: _____ EMAIL: _____

ALLERGIES: _____

INJURIES (please list past and current): _____

Candidates Signature: _____ Date: _____

Parent/ Guardian Signature: _____