



Dear Secretary

APPLICATION TO RDNL WINTER LEAGUE 2019/20

Should you wish to enter a team to the RDNL Winter league 2019/20, please complete the attached form <u>electronically</u> and return it:

- by email to <u>carmelle.textor@savills.com</u>, <u>chareng4@hotmail.com</u>, <u>jen.pavey15@gmail.com</u> and lrpennicott@gmail.com; or
- as a hard copy to the designated committee member.

To confirm your place your application should be returned by **Wednesday 10th July 2019**.

The details you provide will be used in the next RDNL book – PLEASE ENSURE THEY ARE ACCURATE.

Fees for the new season are yet to be confirmed. We will inform teams of the fees as soon as we can based on our end of year accounts. Please note that we will be requesting 50% of the fees once your team has been accepted which will be confirmed in early August.

We look forward to receiving your application. Please feel free to contact me if you have any queries.

Kind regards

Carmelle Textor RDNL Admin Secretary

APPLICATION FOR WINTER LEAGUE 2019/20

Team Name						
Team Colours						
Please circle/highlight or dele	ete as appropriate to indicate which league you wish to apply for:					
Midweek League / Saturday L	eague / Both Leagues					
Please circle/highlight or dele	ete as appropriate to indicate your team:					
Adult Team / Junior Team						
Existing RDNL Team Informat	ion:					
1. Which RDNL Division d	1. Which RDNL Division do you currently play in (season 2018/19)					
Midweek						
Saturday						
2. Has your Team Name	2. Has your Team Name Changed - circle/highlight or delete as appropriate (if yes go to G3)					
Yes / No						
3. What was your previous	3. What was your previous team name					
New Team Information:						
·	n existing RDNL club? circle/highlight or delete as appropriate - If					
yes please indicate wh	ich club					
Yes / No						
Club Name						
5. Does our team current	tly play in another league?					
Yes / No						
If yes please indicate v	vhich league and the division					
League	/ Division					
6. Is your team a 'Back to	Netball' Team?					
Yes / No						
7. Do you have any qualit	fied Umpires? (If yes please provide details at the end of this form)					
Yes / No						

Team Secretary Details:	
Name:	
Email address:	
Mobile number:	
Home number:	
Alternative Contact:	
Name:	
Email address:	
Mobile number:	
Home number:	
	es and the RDNL Privacy Policy, where contact details are provided netball correspondence from within the League. This information parties.
Please provide names of any o	qualified umpires in your team:
Please provide details of any u	umpire or team swaps you would like to request*:
possible so that we can attempt to acco	
Please provide dates of any no	etball weekends you plan to attend:

Name of Nominated Charity for the start of season Tournament:					