



# BANKSTOWN CITY NETBALL ASSOCIATION INC

## APPLICATION FOR SELECTION PANEL

Applicants Name: .....

Address: .....

Telephone: Home: ..... Mobile: .....

Email: .....

Association: ..... Club: .....

Accreditation held:

Year: ..... Accreditation: .....

Year: ..... Accreditation: .....

Year: ..... Accreditation: .....

Coaching/Selector Experience:

.....  
.....  
.....

I agree to abide by the Constitution, Policies and Procedures and Codes of Conduct of Bankstown City Netball Association Inc.

Signature: ..... Date: .....

Applications to be sent to:

The Secretary  
Bankstown City Netball Association Inc  
PO Box CP69  
CONDELL PARK NSW 2200

**APPLICATIONS CLOSE 5.00pm 31<sup>st</sup> JULY**