



PLAYER DEREGISTRATION FORM

NAME: _____

ADDRESS: _____ Postcode _____

PHONE: _____

CLUB/SCHOOL: _____

GRADE: _____

TEAM: _____ DATE: _____

SIGNED BY TEAM/CLUB/SCHOOL PERSONNEL:

NAME _____

TITLE _____

SIGNED

DATE

**PLEASE RETURN TO: Netball
Taranaki,**
PO Box 5053, Westown
New Plymouth 4334

PHYSICAL ADDRESS:
Sport Taranaki Head Quarters,
Yarrows Stadium,
No 2 field,
Maratahu Street,
New Plymouth 4310

**OR SATELLITE CONTORLLER PRIOR TO
PLAYER TAKING THE COURT**

Phone: 06 759 0930 ext 727
Fax: 06 759 1779
Email: ashlee@netballtaranaki.co.nz