

# ESSEX METROPOLITAN NETBALL ASSOCIATION

## PLEASE READ

### LEAGUE - SIGNATURE FORMS

- a) send to Results Secretary before first League match (or earlier).
- b) players sign the result cards **THEMSELVES BEFORE** each match commences.
- c) all result cards will be checked by the Results Secretary.

NON RECEIPT of the Specimen signature form will exclude you from the first match of the Season. Points will be awarded to opponents who are non-offenders.

Tracy Howe  
Results Secretary  
15 Fieldway  
Dagenham  
Essex RM8 2BH  
[Tracy.Howe@tfl.gov.uk](mailto:Tracy.Howe@tfl.gov.uk)  
[m2how@hotmail.com](mailto:m2how@hotmail.com)

# ESSEX METROPOLITAN NETBALL ASSOCIATION

## LEAGUE

### SPECIMEN SIGNATURE FORM

Name of Club: .....

Name of Team: .....

DIVISION: .....

<u>Player's Name</u> (please PRINT name)	id Number		<u>Usual Signature</u>
_____	_____	G.S.	_____
_____	_____	G.A.	_____
_____	_____	W.A.	_____
_____	_____	C.	_____
_____	_____	W.D.	_____
_____	_____	G.D.	_____
_____	_____	G.K.	_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____

FORM TO:	UMPIRING SECRETARY
BY:	Start of Season

## ESSEX METROPOLITAN NETBALL ASSOCIATION

**UMPIRES 2016/2017**

**CLUB:** \_\_\_\_\_

Please: (a) complete with details of all qualified umpires **affiliated** to your club;  
(b) specify county of qualification if **NOT** Essex Met.

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Name	Address & Telephone no(s).	email address	Qualification
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**DO NOT INCLUDE THE PERSON WHO UMPIRES FOR YOUR CLUB UNLESS HE/SHE IS AFFILIATED THROUGH YOUR CLUB.**

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Send this form to the **Umpiring Secretary**, Jane Kelloe, 138 Winston Rd, N16 9LJ  
jjjj@kelloe.fsnet.co.uk

FORM TO:	COACHING SECRETARY
BY:	Start of Season

# ESSEX METROPOLITAN NETBALL ASSOCIATION

**COACHES 2016/2017**

**CLUB:** \_\_\_\_\_

Please: (a) complete with details of all qualified coaches **affiliated** to your club;  
(b) specify county of qualification if **NOT** Essex Met.

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Name	Address & Telephone no(s).	email address	Qualification
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**DO NOT INCLUDE THE PERSON WHO COACHES YOUR CLUB UNLESS HE/SHE IS AFFILIATED THROUGH YOUR CLUB.**

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Send this form to **M Cox, 25 Fiennes Close, Dagenham, Essex RM8 1XF**  
michelledborahcox@hotmail.com

# ESSEX METROPOLITAN NETBALL ASSOCIATION

League Secretary:  
Mrs Yvette Hurley  
32 Couchmore Avenue  
Clayhall  
Ilford  
Essex IG5 0PL

Treasurer:  
Miss M Fuller  
8 Bloomfield Crescent  
Gants Hill Ilford  
Essex IG2 6DR  
email: margaretfuller@btinternet.com

## FORM TO REGISTER A NEW PLAYER (during the Season)

SEND THIS PART TO:

Miss M Fuller  
(address at top)

FROM: \_\_\_\_\_  
(Name of Club)

Dear Maggie

Please would you register the following player(s):

### NAME & ADDRESS

Umpire?	U18?
Coach?	D.O.B.
Leader:	

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SEND THIS PART TO:

Tracy Howe  
Results Secretary  
15 Fieldway  
Dagenham  
Essex RM8 2BH

Listed below are the signature(s) of newly affiliated member(s) from

CLUB .....

NAME OF TEAM .....  
(This is very important)

PLAYER'S NAME

SIGNATURE

UMPIRE Qualification: