## QUEENSLAND COUNTRY HEALTH FUND LAURA GEITZ NETBALL CLINICS

## With special guest ROMELDA AITKEN

Cairns Netball/Laura Geitz & QCHF for promotional purposes only.

Who: Junior (8-11 year-olds) & Senio	or (12-16 year-olds)	
Cost: \$50.00 (includes one hour clin	ic, 30 minutes Q&A with Laura)	
Direct Deposit: BSB: 124001 A/C#: 1	.00087028 (name as reference)	
When: Thursday 19 <sup>th</sup> November 201	5	
Time: Junior Clinic – 5.00 – 6.30pm (	players to register from 4.30pm)	
Senior Clinic – 7.00 – 8.00pm (player	rs to register from 6.30pm)	
Where: Martyn Street netball court	s, Cairns Qld 4870	
What to bring: Water bottle, hat, su	nscreen, wear joggers.	
Forms to be returned by 16 <sup>th</sup> Novem	nber 2015.	
SPACES ARE LIMITED SO BOOK EAR	LY TO AVOID DISAPPOINTMENT	
Participant Name:		
Parent / Guardian Name: Address:Phone:	Mobile:	
Parent / Guardian Name: Address: Phone: Date of Birth:	Mobile:	
Parent / Guardian Name: Address: Phone: Date of Birth:	Mobile: Postcode: rmation:	
Parent / Guardian Name: Address: Phone: Date of Birth: Email address for confi	Mobile: rmation: SE CIRCLE):	
Parent / Guardian Name: Address: Phone: Date of Birth: Email address for confictinic you wish to attend (PLEA	Mobile: rmation: SE CIRCLE):  SENIOR (12-16 year-olds)	
Parent / Guardian Name: Address: Phone: Date of Birth: Email address for confictinic you wish to attend (Please JUNIOR (8-11 year-olds) Confirmation & wet weather updated to the second	Mobile: rmation: SE CIRCLE):  SENIOR (12-16 year-olds)	
Parent / Guardian Name: Address: Phone: Date of Birth: Email address for conficultion (PLEA) JUNIOR (8-11 year-olds)  Confirmation & wet weather updat  VERY IMPORTANT In order for CAIRNS NETBALL to I hereby authorise CAIRNS NETBALL a require medical attention. I hereby relea my child at the clinic. Cancellation of the clinic by CAIRNS NE	Mobile: rmation: SE CIRCLE):  SENIOR (12-16 year-olds) es will be on the website.	

Please complete forms and return to:

Please tick the box if you do **not** give permission for any photographs taken of your child/ren at this clinic to be used by

admin@cairnsnetball.net.au or
Cairns Netball Association
PO Box 430N, Cairns North, Qld 4870