



FUTURE FERNS REGISTRATION FORM

*This registration form must be filled in **each week** and handed in to the Control Room **15 minutes prior** to the beginning of the round.*

School: _____ Year/Grade: _____
Team: _____ Time: _____
Court: _____ Date: _____

GS _____

GA _____

WA _____

C _____

WD _____

GD _____

GK _____

Res _____

Res _____

Res _____

Absent _____ Absent _____

Official Use Only

All OK



Corrected

MOTU KAIRANGI
NETBALL



Checked by: _____