

## **Wanneroo Districts Netball Association Inc**

Kingsway Sporting Complex, Madeley WA 6065 (08) 9409 9950 enquiries@wdna.net.au







## **Withdrawal Form**

Club Name:	Date of Request:				
Players Name:				DOB:	
Player Email Address:					
	Reason for	Deregis	tration:		
_					
	Please check the follow	ing boxe	s that apply to	you:	
I am requesting a <b>fu</b>	III refund (NWA and WDNA	A fees):			
I am requesting a partial refund (WDNA fees only):					$\neg$
I am requesting a vo	oucher code for WDNA fee	s as this	player is trans	- ferring to another club: [	
Medical certificate a	attached if due to injury ar	nd submi	tted after WDI	NA close date:	
	Payment Deta	ils <i>(club</i>	account):		
<b>Account Name:</b>					
(Club Account)					
BSB:					
Account No:					
Player must also not have play	ia fees are non-refundable. Netball WA yed any other season within that registe he WDNA Board, refunds are not guara a medical certificate.	ered year, or	with any other associ	ation to be eligible for NWA refund. A	\ <i>II</i>
	Office	e use on			
NWA Submission date:  Voucher code issued:			efund amount:	\$	
Medical Certificate attache	ed	Board re	und processed:		