

Netball Alberta
School Clinic Request
e-mail to: coach@netballalberta.com
or Fax: 1(888)213-9281

School Name: _____

School Address: _____

Contact Name: _____

Phone: _____

Email: _____

Check this box to allow Netball Alberta to contact you via email

PE Teacher's name: _____

(if different from above)

Dates Netball Clinic Requested:1st Choice: _____2nd Choice: _____3rd Choice: _____**Grades to participate in Netball Clinic:**

Gr. 4: Class Size _____ Gr. 7: Class Size _____ Gr.10: Class Size _____

Gr. 5: Class Size _____ Gr. 8: Class Size _____ Gr.11: Class Size _____

Gr. 6: Class Size _____ Gr. 9: Class Size _____ Gr.12: Class Size _____

Any Special Needs students? Yes _____ No _____

Is your school a member of 'Participating Nation'? Yes _____ No _____

Any other comments/requests:

Cheques Payable to: Alberta Netball Association (ANA)