

Auckland Netball | Player Release Request Form



To be handed in at Reception/Control Room, email games@aucklandnetball.co.nz or post to PO Box 18257, Glen Innes

To be received 24 hours prior to the player taking the court for the new team

Name of Player:

Name of school:

Name of club requesting release to:

Reason For Release Request:

Primary Caregiver Phone Number:

Email:

First Playing Date:

Primary Caregiver of Player Signature:

Signature of School Principal Releasing Player:

**Office Use Only
Signature:**

Date Received:

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