



AFTER SCHOOL SPORT

EXPRESSION OF INTEREST

Please circle which sports you would like to play in 2016

BASKETBALL

NETBALL

SOCCER

Student Name: _____

DOB: _____ Age: _____

2016 Year Level: _____

Parent/Caregiver Name: _____

Daytime Contact Number: _____

Email Address: _____

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CAN YOU HELP?

Without help from Parents/Caregivers/Grandparents there will be no after school sports

Please consider helping with Coaching, Team Organisation or Scoring

Contact Name: _____ Availability: _____

Best Daytime Contact Number: _____

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This form needs to be returned to the Junior School Office as early as possible in Term 1

Late applications are subject to available places on the team
The Heights School: Telephone 8263 6244
Facsimile: 8263 6072 Email: jane.lloyd401@schools.sa.edu.au