REGION: EASTERN GAUTENG NETBALL

UMPIRES REGISTRATION FORM 2010

This form must be returned to the office on ***086 514 7354*** by ***17th February 2010***

2 UMPIRES PER TEAM

CLUB DETAILS	**NAME:**	**EMAIL:**		
CONTACT PERSON	**NAME:**	**TEL NO.:**	**FAX:**	**CELL:**

NAME	EMAIL ADDRESS	WORK NO.	FAX NO.	CELL NO.	TEAM PLAYING FOR	TEAM ALLOCATED TO	GRADING