

2022

# Wellington Squad

# EXPRESSION OF INTEREST Form 1

## PERSONAL INFORMATION

## SQUAD

Full Name :

JUNIOR

Email :

SENIOR

Cell :

Tell us why you should be considered for this programme?

Tell us why you want to be part of this programme?

Tick to acknowledge you have read and understand the player expectations outlined in the programme.

I intend to be available for inter-district team selection.

-  -

Sign (or type name)

Date

## WELLINGTON APPAREL - Select ONE

Female singlet:  Size (8, 10, 12, 14, 16, 18):

Female tee:  Size (8, 10, 12, 14, 16, 18):

Male tee:  Size (S, M, L, XL, 2XL):



Completed form must be received by 5pm 23 February 2022.  
Email to [admin@squashwellington.org.nz](mailto:admin@squashwellington.org.nz)