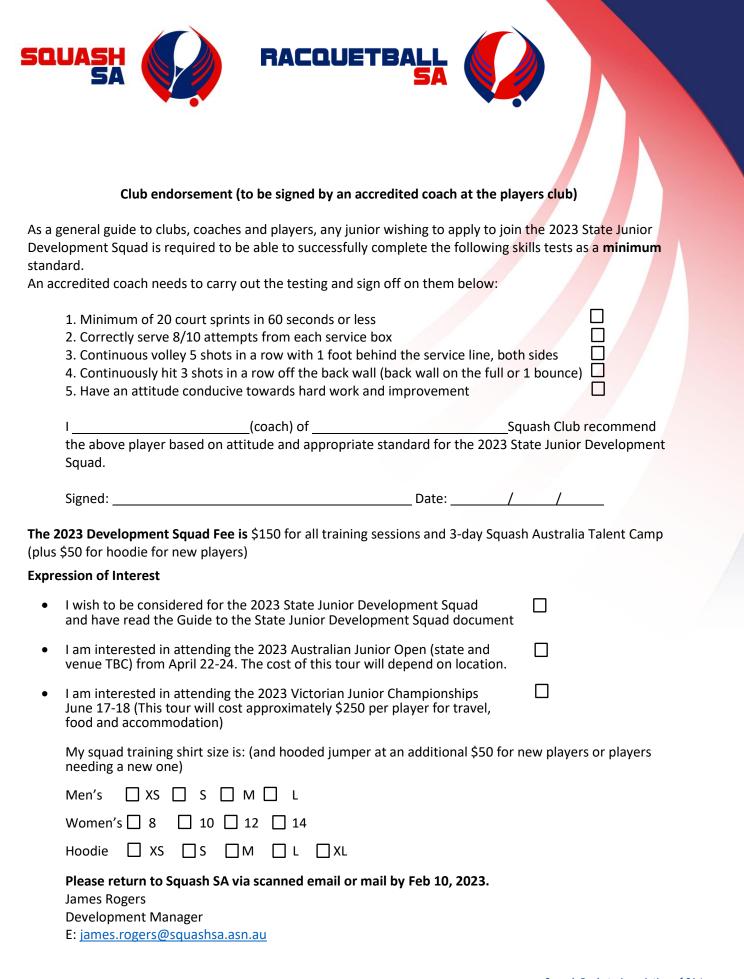


2023 State Junior Development Squad – Application Form

First Name:	
Surname:	
Male Female (please circle) DOB: /	
Mobile: Email:	
Street & no. :	
Suburb:	P/C:
State Junior Ranking: National Juni	or Ranking:
Club:	
I(player) acknow	ledge that all information in this
application is correct. I have read the Guidelines to the State	e Junior Development Squad document
and wish to be considered for the 2023 State Junior Develop	oment Squad. I accept and understand all
responsibilities of the squad.	
Signed:	Date: / /
Signed parent or guardian:	Date:/ /
(If under 18 years of age)	



Squash Rackets Association of SA Inc Trading as Squash SA, Racquetball SA, 24/7 Squash @ Tonsley and The Southern 6 MAB Eastern Promenade Tonsley SA 5042 Phone: 8276 4054 www.squashsa.asn.au E: squash@squashsa.asn.au



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