



TEAM REGISTRATION INDOOR NETBALL

TEAM NAME: _____ **ID#** _____ (assigned by office)

Office use only: Registration Paid _____ *Date* _____ *Invoice No* _____

COMPETITION: Mixed
 Women's

TEAM CAPTAIN / COORDINATOR

Name: _____

Address: _____

Suburb: _____ **Postcode:** _____

Contact Numbers: _____

Email Address: _____

TEAM MEMBERS

ID #	Full Name	Phone No	Payment Method	
			Full Comp	Weekly
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____

TEAM FORMAT

- Each team must nominate a minimum of 6 players
- The above information forms part of the "Conditions of Entry" (SPO-020) and must be COMPLETE and CORRECT.

AGREEMENT

I hereby declare that the above information is complete and correct, that I have read the "Conditions of Entry" and that the team will abide by the rules of the centre and the decisions of the Sports Coordinator.

 Signed (Team Captain/Coordinator) _____
 Date

----- card details will be destroyed after use -----

CREDIT CARD DETAILS/AUTHORISATION FOR TEAM REGISTRATION of \$40.00

CARD NO _____ EXPIRE ____ / ____