



Basketball Auckland

Unitec Miniball – Spring League Team Registration Form



SHIRT #	SURNAME	FIRST NAME	D.O.B	HM PH	WK PH	EMAIL ADDRESS OR HOME ADDRESS (if no email)

SCHOOL_____TEAM NAME_____VENUE_____CAPTAIN_____

COACH / MANAGER DETAILS:

NAME: _____ADDRESS: _____

EMAIL: _____

HM PH: _____

WK PH: _____

FAX: _____

MOBILE: _____

GRADE ENTERING: (please circle)
Year: 3 / 4 / MIX
Year: 5 / 6 / MIX
Year: 7 / 8 / MIX
TEAM GENDER: (please circle)
BOYS
GIRLS
MIXED

GRADE (please circle)
A B C
A B C
A B C
TEAM COLOURS: T-Shirts / Singlet_____Shorts_____

\$350 per team entry for 10 weeks. This could be as little as \$3.50 per week per player if you have 10 athletes per team.

PAYMENT ADVICE

Cheques are to be made out to Basketball Auckland and posted to:
Direct Credit to- Account Name: Basketball Auckland Inc

Basketball Auckland, PO Box 26599, Epsom, Auckland 1344 **OR**
Bank: Westpac Branch: Penrose Account Number: 03-0149-0157321-00

PAYMENT AGREEMENT

By signing this form, I confirm that the parents/guardians have given consent for their children who are registered in the above team, to participate in the above league and will not hold Basketball Auckland responsible for any illness or injury to any team member. The parents/guardians and Team Management have also given Basketball Auckland consent to collect and retain the information on this form and to use it for the purpose of administration of these competitions. This consent is given in accordance with the Privacy Act 1993.

SIGNATURE_____DATE_____