



Basketball Auckland

Adults Team Registration Form 2012



SHIRT #	SURNAME	FIRST NAME	D.O.B	Home PH	Mobile PH	EMAIL ADDRESS

TEAM NAME (max 2 words) _____ SEASON _____ GAME TIME PREFERENCE (if any) _____

PRIMARY TEAM CONTACT NAME:			
HM PH:	WK PH:	MOBILE:	EMAIL:

VENUE: (please circle) Unitec or ASB
 TEAM COLOURS: T-Shirts / Singlet _____ Shorts _____

TEAM GENDER: (please circle) MENS or WOMENS

MENS (ASB or UNITEC) = \$635 per team entry for 10 weeks.

WOMENS (UNITEC only) = \$585 per team entry for 12 weeks.

PAYMENT ADVICE

Cheques are to be made out to Basketball Auckland and posted to: Basketball Auckland, PO Box 26599, Epsom, Auckland 1344 **OR**
 Direct Credit to- Account Name: Basketball Auckland Inc Bank: Westpac Branch: Penrose Account Number: 03-0149-0157321-00 **Reference 'Team Name'**

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 _____