|  |  |  |
| --- | --- | --- |
| **TEAM NAME** | **GRADE** | **NIGHT OF PLAY** |
|  | **SENIOR MENS A** | **MONDAY NIGHT** |
|  | **SENIOR WOMENS** | **MONDAY NIGHT** |
|  | **SENIOR MENS B** | **TUESDAY NIGHT** |

**A GRADE & WOMEN’S LEAGUE STARTS 6th MAY (GAME TIMES: 7.15PM/8.15PM/9.15PM)**

**B GRADE STARTS 7TH MAY (GAME TIMES: 7.15PM/8.15PM/9.15PM)**

**TEAM CONTACT INFORMATION (\* indicates compulsory fields)**

**\* Team Contact/Team Captain: ................................................................................**

**\* Cell Phone: ................................................**

**\* Email: ..................................................................................**

**\* Billing Address:**

**..................................................................................**

**..................................................................................**

**I HAVE READ ALL WWABi RULES AND REGULATIONS INCLUDING WWABi CODE OF CONDUCT & WILL ENSURE ALL TEAM MEMBERS ARE AWARE OF THE RULES. (REGISTRATION WILL NOT BE ACCEPTED UNLESS THIS BOX HAS BEEN TICKED)**