|  |  |  |  |
| --- | --- | --- | --- |
| **TEAM NAME** | **PLS INDICATE** | **NIGHT OF PLAY** | **# OF TEAMS** |
|  | **MENS A GRADE** | **MONDAY** |  |
|  | **WOMEN’S**  | **MONDAY** |  |

**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)**