



Victorian Baptist Basketball Association

New Player Registration Form

Summer Season 2014/15

Please complete in **BLOCK** Letters

All forms to be handed to stadium canteen manager or scanned and emailed to VBBA Registrations – registrations@vbba.org.au

Player's First Name:	
Player's Surname	
Player's Date of Birth:	/ /

Player's Address			
Player's Suburb		Post Code:	
Payer's Mobile Number			
Player's Email Address			
Player's Signature			
Team Played for:			
Date of First Match:	/ /	Grade:	
Team Rep Name:			
Team Rep Signature:			

The player above hereby applies to register with the Victorian Baptist Basketball Association Inc. for the season described and each player hereby applies for membership of the Victorian Baptist Basketball Association Inc. A player must sign this form to be registered is willing to abide by the Association rules.