



# NBA CLINIC

No Boys Allowed

## REGISTRATION FORM:

Start Date: Monday 6<sup>th</sup> May, 2009.

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Gender: male / female  
Rep. Team: \_\_\_\_\_ Email: \_\_\_\_\_  
Parent(s): \_\_\_\_\_ Mobile: \_\_\_\_\_

### Medical Conditions:

\_\_\_\_\_  
\_\_\_\_\_

### Payment Options:

**Direct Credit Payment:** ASB Northcote: 12 - 3053 - 0401960 - 00  
Reference: Name of participant.

**HARBOUR FRONT DESK:** Cash / Cheque / EFTPOS

**Total Cost:** (per term) \$100.00

