

1st ANNUAL 3x3 TOURNAMENT REGISTRATION FORM



Team Name:				_ (no obscene or derogatory titles all	owed)
Team Colours:					
Singlet:	Sh	orts:			
EAM CONTACT:				COMPETITION: (please circ	le)
ame:				Under 14	
hone:				Under 16	
				Under 18	
				Open	
mail:				All players must be of the correct	
				age to play in the category selected.	
TEAM ROSTER:					
Player Name	Rego No	Due	DOB	Phone No	
All I AUGT III				LA CONTRACTOR	
All players MUST abide by r	ules and bylaws as s	et by St Geo	orge Basketbal	I Association and FIBA 3x3.	
Team				ugh Direct Deposit to:	
	St Ge	orge Baske: BSB 0	tball Associatio	on	
		Account			
	Place	TEAM NAM	⁄IE in Descripti	on	
I accept and agree on behal	f of all team membe	ers that we	understand an	d agree to all of the above.	
, ,				Ü	
Signature:					
RETURN FOR	RM WITH PA	YMENT	TO: stge	orgebball@bigpond.con	n
O#: 11 0 -1					
Office Use Only TEAM ENTRY: \$	г	DATE:		RECEIPT NO:	

ABN: 97 165 643 478 PO BOX 32, Peakhurst LPO NSW 2210

Mob: 0418 287 386

Web: www.stgeorge.basketball.net.au