

Indua

SENIOR BASKETBALL

WINTER SEASON 2018 REGISTRATION FORM

			Competition (please tick)							
Team Name:	Previous Name:			DIVISION	1	2	3	4	5	
Official Team (Contacts (must be 18 years of age o	r older):		Sunday Men's						
Contact #1				Sunday Mixed						
Full Name:	Mobile:		MARS	Monday Mens						
			MARS	Tuesday Mens						
Email:				Tuesday Womens						
\Box I have read the declaration bel	low Signature:	Date: / /		Wednesday Mens						
	8			Thursday Mens						
<u>Contact #2</u>				* Management will determine which grade each team will compete in, with consideration given to the grade the team has requested.						
Full Name:	Mobile:		SEASON DATES							
				15th April 2018 — 13th September 2018 (Please see Season Date PDF for exact dates)						
□ I have read the declaration below Signature: Date: _/_/ FINALS DATES										
(PLEASE COMPLE	Semi-finals week16th — 20th September 2018Grand Final Week23rd — 27th September 2018									
Declaration		,	ENTRY FEES \$60.00 inc GST if paid online							
Declaration We, the team Contacts, have read a copy of the Team Participation Guide and the Centre Code of Conduct and on behalf of our team and any fill-in players and we agree to abide by them. We understand that the Centre will contact us via mailings or verbal communication on behalf of our team. We understand that we are responsible for arranging for the collection and payment of the team registration fee, all game fees and any forfeit fines (fees and fines as outlined in the Team Participation Guide) and for ensuring that all of our players, team personnel and spectators are made aware of the competition rules as outlined in the Team Participation Guide and the Code of Conduct. We understand that all players play at their own risk. We understand that the team must be prepared to play all scheduled game time				\$75.00 inc GST if paid over the counter						
				(Entry fees must be paid when submitting this form)						
				WEEKLY MATCH FEES						
				\$67.00 inc GST (\$51.00 per game + Referee fee \$16.00)						
slots as indicated on our program. (See our we		to play an scheduled game thit	FORFE	<u>IT FINES</u>						
			Un-notifi	ed forfeit : \$134 (>24 hours	notic	ce be	fore s	ched	uled match	h)
Registration	Notified forfeit : \$102 (<24 hours notice before scheduled match)									
		Registration Forms received after the due date may miss		wal Fees: Will apply sho						
Monday 26th	fore the end of the season. Amount will be determined based on no									

Round 1

Email: mars@recrosport.com.au

MATCH TIMES Monday-Thursday: 6.00-11.15pm / Sunday: 2.15-10.30pm Phone: (08) 8363 2966 **PTO for Player Details**

en (see Participation Guide).

TEAM NAME :

TEAM NAME:

Players Details (please fill out all sections below)

Players signing this form have read and agree to abide by the rules outlined in the Participation Guide & the Code of Conduct on display on the Centre Noticeboards. Copies of these documents are available at the office or from our 'Policies & Procedures' page on Sports TG.

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FULL NAME	POST CODE	EMAIL	TELEPHONE	SIGNATURE					
Please Note: All players are covered by the Centre's Public Liability Insurance but players take to the court at their own risk									

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