

SUTHERLAND DISTRICT BASKETBALL ASSOCIATION INCORPORATED



**PINKBALL**  
**SATURDAYS 10.30am – 11.30am**

**ENROLMENT FORM - TERM 1, 2019**

**1<sup>st</sup> child:** Name: ..... Age: ..... DOB: .....

**2<sup>nd</sup> child:** Name: ..... Age: ..... DOB: .....

**3<sup>rd</sup> child:** Name: ..... Age: ..... DOB: .....

Address: ..... P/code: .....

Male/Female ..... Phone: ..... (M) .....

Email address (to be used only by SDBA for notification purposes):  
.....

School: .....

*How did you hear about the Pinkball program?* .....

Parent/Guardian Consent: I hereby consent for my child/children to participate in the Pinkball program.  
I permit the staff to act on my behalf should my child require medical attention. I give my permission for any  
photographs taken of my child to be used for any promotional material by the association.

Parent's Signature.....

Date ...../...../.....

Please complete this enrolment form and return with full payment by post to: SDBA, PO Box 55, Sutherland, 1499  
or email: [development@sutherlandbasketball.net.au](mailto:development@sutherlandbasketball.net.au)

Credit card payments: MasterCard / Visa Card      Card No.: \_\_\_\_\_

Exp. Date: ...../.....      Amount \$ .....      Signature: .....

**Office use:**

Date: ..... term (1) payment \$100.00      Starter Pack (Ball/T-shirt) \$20      No. of children ☐      Total \$ .....

Rec. No.: .....      Received by: .....