



MINIBALL REGISTRATION

TEAM NOMINATION

TEAM NAME _____

Is your team new or returning _____

AGE GROUP AS PER BELOW: UNDER _____ BOYS OR GIRLS (please circle)

8 and under Born 2012 2013 2014 10 and under Born 2010 2011 2012 12 and under Born 2008, 2009 2010

TEAM MEMBERS:

1. FIRST NAME _____ LAST NAME _____ D.O.B _____

2. FIRST NAME _____ LAST NAME _____ D.O.B _____

3. FIRST NAME _____ LAST NAME _____ D.O.B _____

4. FIRST NAME _____ LAST NAME _____ D.O.B _____

5. FIRST NAME _____ LAST NAME _____ D.O.B _____

6. FIRST NAME _____ LAST NAME _____ D.O.B _____

7. FIRST NAME _____ LAST NAME _____ D.O.B _____

8. FIRST NAME _____ LAST NAME _____ D.O.B _____

9. FIRST NAME _____ LAST NAME _____ D.O.B _____

MANAGER DETAILS:

NAME: _____ CONTACT NUMBER: _____

EMAIL ADDRESS: _____

DO YOU NEED SDBA TO ORGANISE TEAM SINGLETS YES / NO

DO YOU NEED SDBA TO PROVIDE GAME DAY COACHING YES / NO

Please Email Team Nomination Form to:

Patrick Williamson

development@sutherlandbasketball.net.au