

Stirling Senators Basketball Junior Domestic Competition Registration Form 2009 Deadline: Saturday 26th of September 2009



Player's Name					
Surname			Given Name		
Parent's Name			<u> </u>		
Surname			Given Name		
Address					
Suburb					Postcode
Sacaro					T disterior
Date of birth		Age (years/m	onths)		Birth Certificate No.*
		Tigo (y cars/iii			Bitti Certificate 140.
Home Phone N	Io.		Work Pl	hone	No
Traine I none IV			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Email					
School		Year			
Selicor		Tear			egistered WABL player
			Please	lick	Yes No No
			e coach o	r tean	n manager should know about?
Yes (please spe	ecity)	☐ No			
egistration Fees		Please	e Tick		
irst Child-	\$90	Cas	h \square	<u>Clu</u>	ıb (Stirling office Use Only)
acond Child	£00	_ ¬	_	Stir	ling Northern Bulls
econd Child-	\$80	Chequ	e	Stir	ling Eastern Heat
amily-	\$200	Credit Car	d 📙 📗 Stin		ling Western Jets
otal payable				Stir	ling Southern Warriors
ASTERCARD [] VIS	A[]			
ard No /	/	/ Vei	rification l	No	Expiry Date / /
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ARD HOLDER'S	NAIVIE (as a	opears on the c	cara)		
					
•	•	•			9.00am - 11.00am Saturday 26th Se
	-	-		_	ion PO Box 2297 Warwick WA 602 tirling Basketball Association
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ignature or parent/g	uaruran				

^{*}Please attach a photocopy of Birth Certificate/Extract, if not previously supplied.