

Warrnambool Basketball - Suggestion/Feedback Form

YOUR DETAILS	
YOUR NAME:	
YOUR TEAM:	

GAME DETAILS (if appropriate)	
Competition (eg. Div.1 Men)	
Game Date	
Game Time	

Suggestion/Feedback <i>(If negative please include any recommendations or possible solutions/outcomes)</i>		
Would you like a Committee member to contact you regarding this issue?	YES	NO
Phone No:		Email:
SIGNED:		DATE: