

# NORTH EAST BUSHRANGERS

**HOLIDAY BASKETBALL CLINIC — 9.30am to 3.30pm Thursday 30<sup>th</sup> JUNE 2016**

**Where: Wangaratta Basketball Stadium**

## Registration Details

1. Complete the Registration Form and email it to [nwright@yarrawongamulwala.com.au](mailto:nwright@yarrawongamulwala.com.au) **before June 27<sup>th</sup>**.
2. Pay directly to: **Wangaratta Basketball**  
**BSB 803070**  
**Account# 100083638. (Code: NEB player name)**

*Players are required to bring their own basketball, lunch, snacks and a full drink bottle. Come dressed for 'action'!*

**Enquiries to: Noel Wright on 0418 792 106**

**REGISTRATIONS CLOSE: MONDAY JUNE 27, 2016**

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## NE Bushrangers Basketball Clinic 30<sup>TH</sup> June 2016—Registration Form

Childs name:..... DOB: .....

Address:.....

Email:.....Gender: M / F

Parent/Guardian Name:.....

Phone:.....

Medical Information.....

### Parent/Guardian Consent

I ..... (print name). give permission for my child listed above, to participate in the Holiday Clinic conducted by the NE Bushrangers BC. I release the coaching staff and NE Bushrangers Basketball from liability whilst my child is participating.

Signature:..... Date:.....

**OFFICE USE ONLY: Payment received \$50**  Cash  Cheque

