



EASTERN BULLS BASKETBALL CLUB PLAYER REGISTRATION FORM

P.O. Box 6087, Vermont South 3133

www.easternbulls.basketball.net.au

FAMILY NAME: _____ PHONE NO: _____

ADDRESS: _____ PCODE: _____

EMAIL ADDRESS: _____

PARENT/GUARDIAN DETAILS

Mother/Guardian Name	Mobile Ph: _____	<input type="checkbox"/> Coaching	<input type="checkbox"/> Team Manager
		<input type="checkbox"/> Committee	
Father/Guardian Name	Mobile Ph: _____	<input type="checkbox"/> Coaching	<input type="checkbox"/> Team Manager
		<input type="checkbox"/> Committee	

PLAYER'S NAME	SINGLET NO	Date of Birth		Please Tick		COST	Extended Cost
				MIDWK	SAT		
1st Child		/ /	1st Game			\$ 110	\$
			2nd Game			\$ 30	\$
2nd Child		/ /	1st Game			\$ 70	\$
			2nd Game			\$ 30	\$
3rd Child		/ /	1st Game			\$ 50	\$
			2nd Game			\$ 30	\$
4th Child		/ /	1st Game			\$ 50	\$
			2nd Game			\$ 30	\$

Registration Fees	\$ _____
Total fees Due	\$ _____

Registrar	Jeremy Oakford	
Girls Teams Co-ordinator Junior	Peter Newton	bullseye.eb@gmail.com
Boys Teams Co-ordinator	Matt Quirk	
Uniforms/Merchandise are available from	Cathy Wright	wrightcj@bigpond.net.au

I absolve the Eastern Bulls Basketball Club from any financial or legal responsibility in respect of medical or emergency treatment deemed necessary as a result of injuries whilst participating in any of their activities.

This form must be completed and accompany your registration fee.
Players will not be registered or assigned to a team prior to submission of this form.
 Please make all cheques payable to Eastern Bulls Basketball Club Inc.
 Direct Deposit details BSB **633-000**
 A/C No **1561 20321**

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE / / _____

Office use only.
 Cash _____ Cheque _____ Direct Deposit _____ Receipt Number _____