



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"/> I can contribute <input type="checkbox"/> Committee	<input type="checkbox"/> Coaching <input type="checkbox"/> Team Manager
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Father/Guardian Name	Mobile Ph: _____	<input type="checkbox"/> I can contribute <input type="checkbox"/> Committee	<input type="checkbox"/> Coaching <input type="checkbox"/> Team Manager
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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	Bridget O'Regan	bullseye.eb@gmail.com
Girls Teams Co-ordinator Junior	Peter Newton	bullseye.eb@gmail.com
Boys Teams Co-ordinator Junior	TBA	bullseye.eb@gmail.com
Uniforms/Merchandise	Denice Mayson	uniform.easternbulls@gmail.com

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 / /

<small>Office use only.</small>			
Cash _____	Cheque _____	Direct Deposit _____	Receipt Number _____