TEE-BALL ASSOCIATION OF WESTERN AUSTRALIA
LIGHTNING CARNIVAL

TEAM REGISTRATION FORM
2010/11

CLUB	
COACH	
CONTACT NO	
TEAM NAME	
AGE DIVISION	

NAME	DATE OF BIRTH

We, the undersigned, certify that the above named are all members of the same regular Saturday club competition team. We also understand that we will be required to send along the Saturday morning scorebook of participating teams for checking.

Prepared By: ……

Please Print Name and Position

WITHDRAWAL AFTER THE CLOSING DATE WILL INCUR A PENALTY OF $500 PER TEAM

COMPLETED FORMS TO BE FORWARDED TO THE ASSOCIATION SECRETARY BY THE WEDNESDAY PRIOR TO THE CARNIVAL.

The Secretary P.O. Box 328 Wembley W.A. 6913 Phone: (08) 9446 4614
Fax: (08) 9204 2614
E-mail secretary@tbawa.org.au

Any Queries: Registrar Ph: 0404 868 828 E-mail: registrar@tbawa.org.au