TEE-BALL ASSOCIATION OF WESTERN AUSTRALIA
STATE CHAMPIONSHIPS 2010/2011

TEAM REGISTRATION FORM

NAME	DATE OF BIRTH	*BIRTH CERT. No REQ

*Club Registrars must enter Birth Certificate No.

CLUB	
COACH & No.	
A/COACH & No. *(If Applicable)*	
TELEPHONE NO.	
AGE GROUP	

We certify that the above information is, to the best of our knowledge, correct.

Prepared By: …….....

Please Print Name and Position

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

COMPLETED FORMS TO BE FORWARDED TO THE ASSOCIATION SECRETARY BY TUESDAY 25th JANUARY 2011

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

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