**TEE-BALL ASSOCIATION OF WESTERN AUSTRALIA**
**HBF Action for Healthy Kids State Championships**

# TEAM REGISTRATION FORM

## 2007/08

| NAME | ADDRESS | DATE OF BIRTH | *BIRTH CERT. No REQ |
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*Club Registrars must enter Birth Certificate No.

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|---|---|
| **CLUB** | |
| **COACH & No.** | |
| **TELEPHONE NO.** | |
| **AGE GROUP** | |

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

Prepared By: ……

Please Print Name

## WITHDRAWAL AFTER THE CLOSING DATE WILL INCUR PENALTIES

**COMPLETED FORMS TO BE FORWARDED TO THE ASSOCIATION REGISTRAR BY WEDNESDAY 23rd January 2008**

The Secretary
PO Box 328
Wembley WA 6913
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Any Queries: Registrar Ph: 0417 949 051 E-mail: registrar@tbawa.org.au