

NORWOOD BASKETBALL CLUB Inc
SENIOR PLAYER REGISTRATION

Date:

Player's Surname:	Current Team:
Player's Firstname:	Playing Number:
Address:	Date of Birth:
P/code:	
Work Ph:	Home Ph:
Mobile:	
Email (used for invoices):	

The above information will be used for administration and communication by Norwood and Basketball SA

If any of the above information changes, please notify the Norwood office.

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Player's signature	Date

The Privacy Act requires that any person whose details appear on this form must sign the form.

**Please fax the completed form to 8125 5766
or email to admin@norwoodbasketball.com.au**