

Koonung Comets Basketball Club Inc.



Shooting Stars Girls Player Registration

Term 1 2012

Surname of player(s): _____

Phone No.:

Address: _____

Mobile No.:

Postcode: _____

Email address: _____

	Player 1	Player 2	Player 3
First name:			
Date of Birth:			

I hereby apply for my child/ren to participate in the Shooting Stars program. I acknowledge that the Club will not be liable if my child/ren is injured while he/she is involved in a Club activity.

Parents' signatures:

Parents names:

Fees: \$45 per child

Payment must be made to the Shooting Stars Assistant at the Stadium

Enquiries: Tara Wallace (Phone 0468618713)

Coach Contact Details: Cara Jeffers (Phone 9898 3818)

Please make cheques or money orders payable to Koonung Comets Basketball Club Inc

Privacy Statement: This information is required to perform the functions and activities of Koonung Comets Basketball Club Inc (Reg. No. A7575 ABN 12 442 701 491 and can be accessed by contacting the Registrar.