

INDEPENDANT CLUB REGISTRATION FORM

1 April _____ to 31 March _____

As per current remittance form

DATE THIS FORM IS SUBMITTED ____/____/____

PLEASE NOTE THAT ALL MEMBERSHIPS & INSURANCE COVERAGE CEASES ON 31 MARCH EACH YEAR AND IS RENEWED AT THE DATE OF RECEIPT OF PAYMENT FOR THE COMING YEAR.

Club Name		
Contact	Name	
	Address	
	Phone	
	Email	

Please indicate your preferred correspondence method: Mail (Australia Post) Email

Club Committee:

President		Phone	
Secretary		Phone	
Treasurer		Phone	

REGISTERED PLAYERS

LADIES				GENTS			
	First Name	Middle	Surname		First Name	Middle	Surname
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
8				8			
9				9			
10				10			
11				11			
12				12			
13				13			
14				14			
15				15			
16				16			
17				17			
18				18			
19				19			
20				20			
21				21			
22				22			
23				23			
24				24			
25				25			
26				26			
27				27			
28				28			

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REGISTERED PLAYERS (continued)

Club Name: Association:
 Date submitted:

29				29			
30				30			
31				31			
32				32			
33				33			
34				34			
35				35			
36				36			
37				37			
38				38			
39				39			
40				40			
41				41			
42				42			
43				43			
44				44			
45				45			
46				46			
47				47			
48				48			
49				49			
50				50			
51				51			
52				52			
53				53			
54				54			
55				55			

REGISTERED PLAYERS - Juniors

JUNIOR GIRLS				JUNIOR BOYS					
	First	Middle	Last Name	DOB		First	Middle	Last Name	DOB
1					1				
2					2				
3					3				
4					4				
5					5				
6					6				
7					7				
8					8				
9					9				
10					10				