

MAZENOD COLLEGE

BASKETBALL



Registration Form - Saturday 22 October 2022

Team Name:

Please select a session time:

☐ Year 7-8 Teams (8:00am - 12:00pm):

☐ Year 9-10 Teams (1:00pm - 3:00pm):

Player 1:

Parent Contact Name:

Parent Contact No:

Parent Email:

Player 2:

Parent Contact Name:

Parent Contact No:

Parent Email:

Player 3:

Parent Contact Name:

Parent Contact No:

Parent Email:

Player 4:

Parent Contact Name:

Parent Contact No:

Parent Email:

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Parent Team Coordinator:

Contact No:

Email:

This must be a parent of one of the participants in this team and they must stay for the duration of the event. They are responsible to have the team organised and on court ready for their games.

MJBC To Complete

\$20 Registration Fee Paid:

Date Received:

Officer: