

# Koonung Comets Basketball Club Inc.



## Shooting Stars Boys Player Registration

Term 1 2009

Surname of player(s): \_\_\_\_\_

Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Postcode: \_\_\_\_\_

Email address: \_\_\_\_\_

	Player 1	Player 2	Player 3
First name:	-----	-----	-----
Date of Birth:	-----	-----	-----
Boy or Girl?	-----	-----	-----
	-----	-----	-----

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: \$40 per child**

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

Enquiries: Mark Jeffers, Shooting Stars Assistant (Phone 98983818)

Coach Contact Details: Simon Perham (Phone 9890 8824)

**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.*