

**Sunbury Saints Basketball Club Inc**  
**JUNIOR REGISTRATION FORM - SUMMER SEASON 2017/2018**

**Family Details:**

Surname: \_\_\_\_\_ Parents first name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Mobile No: \_\_\_\_\_ Email Address: \_\_\_\_\_

Players name:	D.O.B	M/F	New	Existing Player/Current Team

**Parent's/Guardian**

1. To be fair to all parents a scoring roster will be drawn up by the Team Manager and parents will all have their turn to score.
2. I give permission for my child to participate in playing basketball with the Sunbury Saints Basketball Club Inc.
3. I give permission for my child's photo to appear on Sunbury Saints Basketball Club Website.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

**Players Fees**

Clubs Registration per player	\$50.00	<b><u>\$165.00 Paid by Round 3</u></b> <b>OR</b> <b><u>\$175.00 Paid after Round 3</u></b>	Total amount received \$
S.B.A Team Sheet fees	\$115.00		

**Payment Method:** Direct deposit / Cash / Cheque / Credit Card payments

<b><u>Direct deposit:</u></b>	(Note: Please use family name in reference field)	<b><u>Cash:</u></b>
Account Name:	Saints Basketball Club Inc.	<b><u>Cheque:</u></b>
Bank:	Bendigo Bank - Sunbury	
BSB:	633 - 000	
Account Number:	1189 - 48041	

**Credit Card Payment:**

Credit Card/Debit Visa Number: \_\_\_\_\_ Card Expiry Date: / / \_\_\_\_\_ CVV Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Authorised Signature: \_\_\_\_\_ Dated: / / \_\_\_\_\_

**Office Use:**

Registration & S.B.A Team Sheet Fees received. \_\_\_\_\_ Receipt issued: \_\_\_\_\_

**Treasurer: Karen 9740 5595 or 0407 871 887**

**E mail: jakmeaellis@tpg.com.au**