

TEAM LIST		
FULL NAME	DATE OF BIRTH	NUMBER
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

*Team Entry fee based on payment received before draw is formulated. Cost will increase by 100% if payment is received after draw is formulated.

PARRAMATTA WILDCATS BASKETBALL ASSOCIATION



PO BOX 415 Lidcombe NSW 1825 TELEPHONE: 9646 5343 or 9646 3840
Email: info@parramattawildcats.com Website: www.parramatta.basketball.net.au

TEAM NOMINATION FORM

TEAM NAME: _____

(FORMER TEAM NAME) _____

PAYMENT DETAILS

BSB: 062 314
A/C: 0011 2645
NAME: PBA

DAY OF PLAY: _____

DIVISION _____

MEN / WOMEN _____

PLAYING COLOURS: _____

SINGLETs: _____

SHORTS: _____

TEAM CONTACT

NAME: _____ PHONE (H): _____

ADDRESS: _____

SUBURB: _____ POSTCODE: _____ EMAIL: _____

PHONE (W): _____ MOBILE: _____ FAX: _____

TO: THE SECRETARY PARRAMATTA BASKETBALL ASSOCIATION INC.

Please accept entry of our team into the competition indicated above. *I have provided a full list of team members on the back of this form.* Our non-refundable nomination fee of \$85.00* (Seniors) OR \$65.00* (Juniors) is enclosed. ****TEAM ENTRY FEE IF PAID AFTER COMPETITION COMMENCES, DOUBLES***

I am aware that if the nomination fee is not enclosed, or we have not met all financial commitments to the Association our entry may not be accepted. I am aware of the note above, that team entry fees doubles if paid late. On behalf of the team, I agree that we will comply with the rules of the competition and By Laws of the PBA. I also undertake that all players must be registered with PBA to be eligible to play. I am aware that withdrawal from competitions will incur payment of double weekly game fees until the end of that competition.

Signed: _____ Date: ____/____/____

ALTERNATE TEAM CONTACT

NAME: _____ PHONE (H): _____

ADDRESS: _____

SUBURB: _____ POSTCODE: _____

PHONE (W): _____ MOBILE: _____ FAX: _____

NAME OF (MINIMUM 2) NOMINATED REFEREES (COMPULSORY):

Membership Option:

Each team competing in the competitions has the right to nominate an individual to become a member of the Association. If your team wishes to be represented please apply to the office for a membership application and complete same. Payment of membership fees is required when membership application is submitted. The membership option should be lodged once only each year.

JUNIOR TEAMS ONLY (whether competing in JUNIOR or SENIOR competitions)

JUNIOR TEAMS ARE REQUIRED TO HAVE A RESPONSIBLE ADULT WITH THEM AT ALL TIMES
JUNIOR COMPETITIONS WILL BE PLAYED IN AGES U/14, U/16, U/18, U/20 MEN & SCHOOL GIRLS

NAME OF RESPONSIBLE ADULT: _____

ADDRESS: _____

PHONE (H): _____ (W): _____ (MOB): _____

AMOUNT RECEIVED _____ RECEIPT No. _____ DATE _____