



# HORNSBY KU-RING-GAI BASKETBALL ASSOCIATION

PO BOX 397, HORNSBY 2077    PHONE **9980 6255** FAX **9980 6277**  
ABN NO. 323 242 786 73

Surname

Given Names

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Postal Address

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Contact Numbers:

Home

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Work

--

Fax

--

Mobile

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Email

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Date of Birth

--

Sex

--

Occupation

--

School

--

Year

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*Please tick category/categories which signify your involvement and appropriate level*

PLAYER

Senior

Junior

Miniball

REFEREE

COACH

MANAGER

STATISTICIAN

BENCH OFFICIAL

ADMINISTRATOR

OTHER

--

TEAM/S IN WHICH YOU PLAY

AMOUNT PAID

\$

IF PAYING AFFILIATION, PLEASE INDICATE WHICH ASSOCIATION YOU  
ARE CURRENTLY REGISTERED WITH  
REGISTRATION NUMBER

  

*I hereby acknowledge that if I participate in any competition conducted  
under the auspices of Hornsby Ku-ring-gai Basketball Association Inc. I  
will be bound by the Rules and Regulations of that Association at all times.*

Signature

Date