

HORNSBY KU-RING-GAI BASKETBALL ASSOCIATION INC.

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TEAM NOMINATION FORM

TEAM NAME: <input style="width: 90%;" type="text"/>	TEAM CONTACT	NAME	<input style="width: 95%;" type="text"/>	
		ADDRESS	<input style="width: 95%;" type="text"/>	
UNIFORM COLOUR <input style="width: 100%;" type="text"/>				P/C
COMPETITION ENTERED <input style="width: 100%;" type="text"/>		CONTACT NOS:	HOME	<input style="width: 100%;" type="text"/>
DAY PLAYED <input style="width: 100%;" type="text"/>			WORK	<input style="width: 100%;" type="text"/>
DIVISION YOU WISH TO ENTER <input style="width: 100%;" type="text"/>	COACH'S NAME		FAX	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>		MOBILE	<input style="width: 100%;" type="text"/>
			EMAIL	<input style="width: 100%;" type="text"/>
			CONTACT: <input style="width: 100%;" type="text"/>	

OFFICE USE	SURNAME	FIRST NAME	ADDRESS	P'CODE	PHONE	D.O.B.