# HORNSBY KU-RING-GAI BASKETBALL ASSOCIATION INC.

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# TEAM NOMINATION FORM

TEAM NAME:

UNIFORM COLOUR

COMPETITION ENTERED

DAY PLAYED

DIVISION YOU WISH TO ENTER

**TEAM CONTACT** NAME

ADDRESS

P/C

CONTACT NOS: HOME / WORK / FAX / MOBILE / EMAIL

**COACH'S NAME** CONTACT:

| OFFICE USE | SURNAME | FIRST NAME | ADDRESS | P'CODE | PHONE | D.O.B. |
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**TEAM ENTRY FEE MUST ACCOMPANY THIS FORM (SENIORS $60, JUNIORS $50.00, MINIBALL ($40.00)**