



NIGHT COMPETITION REGISTRATION FORM FROM WEEK 2 →

TEAM/CLUB: DATE:.....
 NAME:..... GRADE:.....
 TEAM NUMBER:.....
 ADDRESS:.....
 POST CODE:..... DATE OF BIRTH:.....
 TEAM/CLUB LAST PLAYED (DAY).....ASSOC.....GRADE.....YEAR.....
 TEAM/CLUB LAST PLAYED (NIGHT).....ASSOC.....GRADE.....YEAR.....
 CLUB/TEAM SECRETARY'S OR
 AUTHORISED PERSON'S SIGNATURE:.....

SIGHTED

.BIRTH CERTIFICATE..... PASSPORT.....
 LICENCE..... .STATE DEC.....
 LEVY: \$5.50.....
 INSURANCE \$60.00 seniors \$40 juniors - RECEIPT NO.....
 OFFICER ON DUTY'S SIGNATURE.....



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