



CENTRAL DISTRICTS EIGHT-BALL ASSOCIATION

Team Registration Form



Season Commences: **JANUARY 15TH 2018**
 Delegates Meeting: **JANUARY 12TH 2018**

A . B . N 98 057 874 830
TAX INVOICE

Preferred night of play: Monday - Tuesday Premier Division

Team Name: _____ Venue: _____

Venue Phone: : _____ Tables Available at Venue: _____

Captains Name: _____ Phone No: _____

Captains Address: _____ Postcode: _____

Current Email Address: _____

Delegates Name: _____ Phone No: _____

Facebook: YES or NO If NO do you want a text? _____

Registration Fees Calculation For Premier Division		
Players who have been registered in last 3 years \$15.00 per player x number of players		\$
Players who have not been registered in last 3 years \$20.00 per player x number of players		\$
Team Fee: \$115.00		
Please Note: Fee to be paid by or Before		
Total Amount Due:		\$

NOMINATED PLAYERS

#	FIRST NAME	LAST NAME	SIGNATURE	HIGHEST CURRENT DIVISION	CURRENTLY REGISTERED	FEES PAID
1						\$
2						\$
3						\$
4						\$
5						\$
6						\$
7						\$
8						\$
9						\$
10						\$

For Office Use Only

Fees Paid: _____ Date Paid: _____
 Amount Paid: _____ Receipt: _____