



# 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: Wednesday: **Div 1: Div 2:** Wednesday Premier:

**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 Fees: \$30.00		
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: _____