

Sports League Registration Form



TEAM NAME: _____ **SPORT:** _____

First CONTACT _____ PHONE _____

ADDRESS _____ E-MAIL _____

Second CONTACT _____ PHONE _____

ADDRESS _____ E-MAIL _____

	NAME OF PLAYERS	CONTACT NUMBER		NAME OF PLAYERS	CONTACT NUMBER
1			9		
2			10		
3			11		
4			12		
5			13		
6			14		
7			15		
8			16		

*On behalf of the team we agree to pay our respective fee's by **4pm on the Friday prior** to the league starting.*

We also agree to and have signed a copy of the South Waikato Sport and Events Centre terms & conditions. We understand that any breach of these terms may result in our team being removed from the current and or future competitions without a refund of fee's.

Name _____ **Signed** _____ **Date** _____

OFFICE USE ONLY

LEAGUE REGISTERED FOR: _____

STARTING DATE: _____ DAY OF PLAY: _____

AMOUNT DUE: _____ DATE PAID: _____ RECEIPT: _____

STAFF NAME: _____ STAFF SIGN: _____