



ROWVILLE JUNIOR CRICKET CLUB



REGISTRATION FORM 2008-09

SURNAME: _____ FIRST NAME: _____

ADDRESS: _____
P/C: _____

DATE OF BIRTH: _____ EMAIL: _____

HOME PHONE: _____ PLAYERS MOB: _____

MOTHERS MOB: _____ FATHERS MOB: _____

PARENTS NAMES: _____

SELECT TEAM: (PLEASE TICK)

U'11	U'13	U'15	U'17
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CLUB SHIRT SIZE: (PLEASE WRITE IN YOUR SHIRT SIZE)

PAYMENT TYPE:
(PLEASE TICK)

C/ CARD	CHQ	CASH	EFTPOS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE LIST ANY MEDICAL CONDITIONS: _____

PARENTS, THE KIDS NEED YOUR HELP FOR THE CLUB TO RUN WELL,
CAN YOU PLEASE HELP OUT WITH....

SOCIAL CLUB	COACHING	TEAM MANAGER	CANTEEN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRAINING	SCORING	UMPIRING	TRANSPORT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>