

ST CHRISTOPHER'S NETBALL CLUB

PLAYER REGISTRATION FORM

Name _____

Address _____

Contact Number _____

Date of Birth ____ / ____ / ____

Medical Conditions _____

Previous Club (If played before) _____

Year _____ Grade _____

CLUB USE ONLY

New Registration	Yes	No
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Birth Certificate Received	Yes	No
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Bank Details

BSB: 062233

Account Number: 28001048