

ST CHRISTOPHER'S NETBALL CLUB
REGISTRATION FORM

Name _____

Address _____

Contact Number _____

Date of Birth ____ / ____ / ____

Medical Conditions _____

Previous Club (If played before) _____

Year _____ Grade _____

Were you referred by a friend? Yes/No

If so, who? _____

CLUB USE ONLY

New Registration Yes No

Birth Certificate Received Yes No

Bank Details

BSB: 062233

Account Number: 28001048