

# Seniors

Only accepted during nomination period

TEAM NAME: \_\_\_\_\_

CLUB NAME: \_\_\_\_\_

## CONTACT INFORMATION

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-mail: \_\_\_\_\_

(All communication via E-mail)

I have read the CSBA Competition By-Laws, codes of conduct and risk policy and on behalf of the above team, agree to abide by them (all documents available on [www.sydneybasketball.com.au](http://www.sydneybasketball.com.au)).

### Credit Card Details

If in the event that our team has not paid the team fees within the first 4 games of this competition or forfeit fines within 10 days of the actual forfeit, I agree to all charges and fees being charged to my credit card, details of which are below.

Credit card type          MasterCard          or          Visa

Name on Credit Card: \_\_\_\_\_

Credit Card Number:    \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Expiry:    \_\_ / \_\_    Signature: \_\_\_\_\_    Date: \_\_\_\_\_

SPECIAL REQUESTS: \_\_\_\_\_

## WHICH SEASON ARE YOU NOMINATING FOR?

(you may select more than one)

SEASON 1          SEASON 2          SEASON 3

Please circle which division you are nominating for:

### MONDAY

Premier League Men

Division One Men

### TUESDAY

Div 2 Men

Div 2 Women

Div 3 Women

Div 4 Women

### WEDNESDAY

Premier League Women

Division One Women

### THURSDAY

Div 3 Men A

Div 3 Men B

Div 3 Men C

Div 5 Women

### SUNDAY

Div 4 Men A

Div 4 Men B

Div 4 Men C

