



PO Box 1533 Warriewood NSW 2102
 Phone/Fax: 1300 660 966
www.manlyvolleyball.asn.au

Sunday Night Social Competition

Team Entry Form

Autumn 2012

Team Name:	<input type="text"/>		
Team Representative:	<input type="text"/>	Home Ph:	<input type="text"/>
Address:	<input type="text"/>	Work Ph:	<input type="text"/>
		Mobile:	<input type="text"/>
Email:	<input type="text"/>		
Preferred Division:	<input type="text"/>		

Team Members	M / F	Adult/Junior
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Declaration: I hereby declare that the above information is complete and correct and that all team members will abide by the Rules of the Association, the competition by-laws and the decisions of the Board of Directors.

Signed: <input type="text"/>	Date: <input type="text"/>
<small>(Team Representative)</small>	

Office Use

Date: _____ Amount received: _____ Receipt #: _____ Grade: _____