



# Bermuda Netball Association

PO BOX HM 1416, Hamilton HM FX

## Team Registration Form

( ) Winter ( ) Summer

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

COACH/MANAGER \_\_\_\_\_

Players Name <i>Last First</i>	DOB <i>d/m/y</i>	Contact #	Email Address
-----------------------------------	---------------------	-----------	---------------

1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

**SENIOR TEAMS \$275 per team / \$20 per player**

**JUNIOR TEAMS \$100 per team / \$10 per player**

FOR OFFICIAL USE ONLY

Paid ( ) check ( ) cash      Receipt # \_\_\_\_\_

Signed \_\_\_\_\_ Dated \_\_\_\_\_