

| | |
|------------------|--|
| TEAM NAME | |
|------------------|--|

| |
|------------------------|
| OFFICE USE ONLY |
| Amount: _____ |
| Date: _____ |
| Signed: _____ |

| |
|-----------------------|
| COMPETITION |
| Fri / Sat / Sun |
| Basketball / Netball |
| Male / Female / Mixed |
| Age group: _____ |
| Club: _____ |

Terms & conditions:

- Team entry fee is £16.50 per team to be lodged with the team entry form
- By signing below, you agree to abide by the centre rules and codes of conduct and understand failure to do so could result in exclusion from SFAC competitions

| TEAM ORGANISERS | House No. | Post Code | Phone (mobile) | Phone (other) | Email address | Received handbook? | Email consent | Signature |
|-----------------|-----------|-----------|----------------|---------------|---------------|--------------------------|--------------------------|-----------|
| 1 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |

**TICK THIS BOX IF YOU WOULD LIKE TO RECEIVE INFORMATION ON EMAIL INCLUDING FIXTURES, CENTRE NEWS & UPDATES, AND UPCOMING ACTIVITIES:
A COPY OF THE CENTRES' PRIVACY POLICY IS AVAILABLE ON REQUEST**



| No. | Player Name | House No. | Post Code | Gender | Date of Birth | School | School Year | Parent phone number | Parent email address | National league (bball) | Email consent | Parent signature |
|-----|-------------|-----------|-----------|--------|---------------|--------|-------------|---------------------|----------------------|--------------------------|--------------------------|------------------|
| 1 | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4 | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6 | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7 | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8 | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9 | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10 | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11 | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12 | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |