

|                  |  |
|------------------|--|
| <b>TEAM NAME</b> |  |
|------------------|--|

|                        |
|------------------------|
| <b>OFFICE USE ONLY</b> |
| Amount: _____          |
| Date: _____            |
| Signed: _____          |

|                       |
|-----------------------|
| <b>COMPETITION</b>    |
| 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"/> |                  |