BALLARAT EIGHTBALL ASSOCIATION INC

REGISTRATION FORM

TEAM NAME: CLUB
DIVISION:

PUBLICAN'S NAME:
POSTAL ADDRESS:
PHONE:
FAX:
E-MAIL ADDRESS:

CAPTAIN'S NAME:
POSTAL ADDRESS:
PHONE:
FAX:
E-MAIL ADDRESS:

OTHER PLAYERS	ADDRESS (NOT C/O HOTEL)	PHONE NO.	E-MAIL ADDRESS

NOTE: This form should be completed during your **first home match** and returned with the score sheet regardless if you win or lose. This register of members is essential under the Incorporations Act.

Under By-Law 3(a); this form shall be completed and returned **NO LATER THAN Noon Friday after Round 4 of the present season by email or MMS to Secretary or President (phone numbers on website or draw)** Failure to comply will result in loss of Premiership Points.