

Signature





Baskethall Club

Senior Registration Form 2024-25

MEMBERS PERSONAL DETAILS (BLOCK CAPITALS)											
First Name						T					
Surname									П		
Address 1		Mob No.		т	_	T .	Н	Т		П	
Address 2		DATE O	D	D	М	M	Υ	Υ	Υ	Υ	
Address 3		Postcod	e (require	ed)	1		Т		П		
Email Address						T	П	T	Т	ТΠ	
Players ALLERGIES / MEDICATION being taken											
Option 2- Payments € 125+€125	1st Sum€	Date:	Re	ceive	ed By						
No refunds will be issued after the first 2 Weeks of the Season											

Date

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