2010 BWHA Summer Competition, October to December

Team Name:	**Competition:**	**Night:**
Team Organiser:	**Email:**	**Mobile:**
Uniform Colours: **Shirt:**	**Skirt/Shorts:**	**Socks:**
# of Turf Players:	**# of Grass Players:**	**# of New Players:**

Player Details

All Team Members must be on this form before submitting to BWHA

Name	Address	P/Code	Phone	BHA/BWHA Club 2010	Insurance Required
				Total Insurance	
				Team Deposit	
				Total Amount	

TEAM NOMINATIONS CLOSE MONDAY 20th SEPTEMBER 2010
REGISTRATIONS WILL BE BASED ON FIRST IN BEST DRESSED

PAYMENT DETAILS

This form must be returned with one of the following payments
Your registration will not be accepted without payment

☐ *Cheque* ☐ *Credit Card (please tick)* ☐ *Direct Debit*

Credit Card Details

Card Holders Name:.....
Type of Card: .....
Credit Card Number:.....
Expiry Date: .....

Total Amount :.....
(Must total deposit + any insurance payable)

Card Holders Signature: .....

BWHA Bank A/C Details

Bank: BOQ
BSB: 124-001
A/C: 14542177
Ref: Team Name

Office use only

Date Received: _____

Deposit Paid: _____