

03-03-03

KIDS FIRST

F
o
r
m



HOT SHOTS

BASKETBALL

Detach and return with cheque made payable to - "Oakleigh Warriors Basketball Association" to
The Administrator, Oakleigh Basketball Association Inc, P.O. Box 2071, Moorabbin, Vic, 3189.

COST: \$70.00

Name: _____ D.O.B. _____ Sex: M/F

Address _____

Suburb: _____ Postcode: _____

Ph(H) _____ Ph(W) _____ Ph(M) _____

Preferred Session (please circle) – Kids First, 10:00am Hot Shots, 11:00am

What school do you attend? _____

E-Mail _____

Mothers Name: _____

Fathers Name: _____

Do you take any prescribed medication? Y N If yes what for?

Where it deemed necessary I/we give permission for Association officials to organize medical assistance for my/our child.

Parents Signature: _____

Date: ____/____/____

For direct credit payments via online banking enter: BSB 063 159 A/C 1003 1590 **COST: \$70.00**