



## T.BALL & JUNIOR PLAYER REGISTRATION

Grade \_\_\_\_\_

School / Club \_\_\_\_\_

	Christian	Surname	Address	Post code	Phone	D O B	M/F	Parents name	Parents email address
Coach									
Manager									
Player 1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

**Are you able to assist the Association as a volunteer ???**

Name	Address	Phone	Email	Your area of interest

**Please return completed to Otago Softball P.O. Box 978, Dunedin 9054 before 1st November**

Players must be registered to be eligible for selection in representative teams. The above Information will be stored and may be released for use in improving the way in which we administer our sport and to provide greater opportunities for players, coaches and officials both locally and nationally.