



## SENIOR PLAYER REGISTRATION

Team \_\_\_\_\_

	Christian	Surname	Address	Suburb	Phone	Cell	D O B if U19	M/F	Email	Ethnicity
Coach										
Manager										
Players										
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										

### VOLUNTEERS

Name	Address	Phone	Email	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.