
SPOOK HOOPS REGISTRATION FORM

TUES MINI HOOPS

WED PINK BALL

THURS COMP

FRI SKILLS NIGHT

Select which program/s above you wish to register for. Contact us for full team registration form.

Name _____ Grade _____ School _____ Parent Mobile _____

Address _____ Suburb _____ Post Code _____ Home Phone _____

Parents Names _____ 2nd Mobile Contact No. _____

Email: _____

2nd Child: _____ Grade: _____

3rd Child: _____ Grade: _____

I authorize my son/daughter /children to participate in the Spook Hoops beginner programs at Nunawading Stadium. I authorize that any photographs taken during the sessions maybe used by the MEBA and One on One Basketball for promotional purposes on their websites or flyers.

Signed: _____ Dated: _____

CONTACT DETAILS

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