Moss Vale & District Basketball Association Inc.

Application for player to participate above own age group.

Applicant Details

Full Name: _____ Date of Birth:_____

Address: _____

Town: _____ State:_____ Postcode: _____

Mobile: _____ Email: _____

Parent / Guardian Name (if required): _____

Current Team: _____ Team Applying for: _____

Reason for Application:

_____

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Previous Basketball Achievements

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Coaches Reference

Head Coach of current age group:

Name: _____

Do you support the application? Yes / No (please circle)

Do you wish to discuss application with The Board Yes / No (please circle)

Coach Signature: _____ Date: _____

Head Coach of destination age group:

Name: _____

Do you support the application? Yes / No (please circle)

Do you wish to discuss application with The Board Yes / No (please circle)

Coach Signature: _____ Date: _____

Applicant Declaration

I understand that the Board of Moss Vale Basketball Association makes the determination of this application. I agree to comply with The Boards decision and any additional conditions that may apply.

APPLICANT:

Name: _____

Signature: _____ Date: _____

PARENT / GUARDIAN:

Name: _____

Signature: _____ Date: _____

BOARD / OFFICE USE ONLY

Application Approved:

Yes / No / Additional Information Required (please circle)

Additional Comments

_____

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