



P.O. Box 4023, Croydon Hills,

3136

ARBN: 0004890D

REGISTER OF INTENT TO PLAY

SEASON: _____.

To register please complete all relevant fields below, to provide your Intent to Play for Next Season.

Current Team: _____ **Team Managers Name:** _____ **Date:** _____.

I, named below, will be participating in next KMDBA season with Maroondah Magic Basketball Club. Please note: Team placements cannot be guaranteed without a completed form.

Player Name	Rep Ball Player? (age/grade)	Parent/Player Signature	Available training days PLEASE TICK			
			MON	TUE	WED	THU

I, named below, will not be participating in WINTER 2018 KMDBA season with Maroondah Magic Basketball Club.

Player Name	Reason	Parent/Player Signature	Contact for Summer Season?

Team Manager: Any comments/notes that will help age coordinator to assemble teams:

The form needs to be finalized and submitted at the earliest convenience.