



# Maroondah Magic Basketball Club

ARBN: 0004890D

## Register of Intent to Play – \_\_\_\_\_ Season

Current Team:	Team Manager's Name:	Date:
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**Team, please complete the relevant section below, to provide your Intent to Play for next season.**

We, named below, **will be** participating in the KMDBA \_\_\_\_\_ season with Maroondah Magic Basketball Club.  
*(Please note: Team placements can not be guaranteed without a completed form.)*

Player Name	Rep Ball Player? (age/grade)	Parent/Player Signature	Available Training Days <i>(please tick)</i>			
			Mon	Tue	Wed	Thur

We, named below, **will not be** participating in the KMDBA \_\_\_\_\_ season with Maroondah Magic Basketball Club.

Player Name	Reason	Parent/Player Signature	Wish to be contacted for <b>SUMMER 23/24</b> Season?	
			<input type="radio"/> Yes	<input type="radio"/> No
			<input type="radio"/> Yes	<input type="radio"/> No
			<input type="radio"/> Yes	<input type="radio"/> No

**Team Manager Comments:**

*(Please list any comments/notes that will assist the age coordinator with assembling teams.)*

**Please return the completed form to your Age Coordinator by \_\_\_\_\_ – Thank you!**