

DOC Little LEAGUE



REGISTRATION FORM

Player's details:

First Name: _____ Surname: _____

Date of Birth: _____

Parents/Guardians details:

First Name: _____ Surname: _____

Address: _____

Suburb: _____ Area Code: _____

Phone (h): _____ Mobile: _____

Email: _____

Other Information: _____

Age Group:

4 – 5 years old (15 minutes X 2)

6 – 7 years old (15 minutes X 2)

OFFICE USE ONLY:

Mode of Payment: Cash Cheque

Paid: YES / NO

Receipt No: _____