

MASTERS BASEBALL LEAGUE OF WA INC

REGISTRATION FORM

Please complete form and return to Registrar or
Mail to 26 Ruby Avenue, Langford 6147

SURNAME:

GIVEN NAMES:

ADDRESS:

TELEPHONE/MOBILE:

EMAIL ADDRESS:

DATE OF BIRTH:

OCCUPATION:

PLAYING HISTORY:

ARE YOU PARTICIPATING IN A BWA COMPETITION? YES NO

IF YES WHICH CLUB?

HAVE YOU PREVIOUSLY PLAYED MASTERS? YES NO

IF YES, WHICH TEAM?