

MASTERS BASEBALL LEAGUE OF WA INC

REGISTRATION FORM

Please fax completed form to 9351 8936 or
Post to 26 RUBY AVENUE, LANGFORD 6147

Surname _____

Given Names _____

Address _____

Telephone _____

Email _____

Date of Birth _____

Occupation _____

Playing History _____

Are you participating in BWA competition? Yes No

Which Club? _____

Have you previously played Masters? Yes No

If yes, which team _____