

BOLAND TABLE TENNIS UNION PLAYER REGISTRATION

PLEASE COMPLETE ALL SECTIONS IN FULL. PRINTED CAPITAL LETTERS ONLY.

SURNAME _____

FIRST NAME / S _____

ADDRESS / STREET _____

POSTAL CODE / CITY _____ GENDER:

M:	F:
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PASSPORT OR I.D. NUMBER

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 DATE OF BIRTH _____

B.T.T.U NO. (Only Office use) _____

CONTACT DETAILS

	(H)		(W)		(CELL)
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EMAIL ADDRESS _____

DISABLED

YES/NO	
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 NATURE OF DISABILITY _____

RACE GROUP (for reporting puposes only) _____

CLUB

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MEMBERSHIP

SUPPORTING :		PLAYING :		FAMILY :	
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LEAGUE (Only Office use) _____ **TEAM (Only Office use)** _____

PLAYING LEVEL:

PREMIUM (provincial) :		QUITE GOOD :		LEARNER :	
CLASSIFICATION: VETERAN (40+):		JUNIOR (0-17) :		DISABLED :	

(playing members only)

PLAYER/PARENT/GUARDIAN SIGNATURE _____ (Date)

CLUB REGISTRATION (Only Office use)

PAYMENT RECEIVED: _____ (TO BE SIGNED BY TREASURER)

DATE RECEIVED: _____

ALL REGISTRATION FORMS TO BE ACCOMPANIED BY A CERTIFIED COPY OF ID OR BIRTH CERTIFICATE FOR VETERANS (40+), JUNIORS (0-17) AND/OR DISABLED PLAYERS (IF NOT YET SUBMITTED)

INCOMPLETE REGISTRATION FORMS WILL NOT BE ACCEPTED

ALL SIGNED REGISTRATIONS WILL ASSUME MEMBERS HAVE READ AND AGREED TO ABIDE BY THE THE RULES AND REGULATIONS OF THE CONSTITUTION AND LEAGUE RULES.