

## NSL YOUTH SPORTS REGISTRATION

TEAM NAME \_\_\_\_\_

SCHOOL COORDINATOR \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

COACH / MANAGER \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

EMAIL1 \_\_\_\_\_

EMAIL2 \_\_\_\_\_

	NAME OF PLAYERS	CONTACT NUMBER	DATE OF BIRTH
1			
2			
3			
4			
5			
6			
7			

	MAX LEAGUE NUMBERS	LEAGUE (TERM)	HAVE THEY PLAYED BEFORE	NEW TEAM	TIME REQUESTED	STAFF SIGNATURE
TUESDAY YEAR 3&4 MINIBALL	16					
WEDNESDAY YEAR 3&4 MINIBALL	8					
THURSDAY YEAR 5&6 MINIBALL	20					
FRIDAY YEAR 5&6 BASKETBALL	14					

School Camp and/or any special date: \_\_\_\_\_

\* Please send completed enrolment forms to North Shore Leisure – East Coast Bays

\*\* Please make all Cheques payable to North Shore City Council

\*\*\* If you would like your draws sent via e-mail, please provide two e-mail addresses as well as your own as alternate contacts.