

2018/19 VICTORIAN STATE CHAMPIONSHIPS

TEAM REGISTRATION FORM



CLUB _____

TEAM NAME _____

TEAM CONTACT Name _____

Phone _____

Email _____

DIVISION (circle)

Open Ladies

Open Mixed

Open Men

TEAM LIST (*designate captains "C" and vice captains "VC" as appropriate*)

	Player Name	Email Address
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13 (Mixed only)		

Upon entering a team, you are agreeing that your team has read, understood and will abide by ISV's Child Safety Policy and Code of Conduct. <http://www.indoorsportsvictoria.com.au/docs/rules/Child-Safe-Policy.pdf> <http://www.indoorsportsvictoria.com.au/docs/rules/isv-code-of-conduct.pdf>

Email to: admin@indoorsportsvictoria.com.au

PAYMENT OF \$1,200 PER TEAM, VIA BANK TRANSFER TO INDOOR SPORTS VICTORIA:

Account Name: Indoor Sports Victoria

BSB: 033112

Account Number: 511623 *Please reference your Club when making the transfer*

ENTRIES CLOSE 4 OCTOBER 2018