

GLENDA HALL SHIELD

REGISTRATION FORM



Please indicate which competition you would like to be registered for:

- GOLD DIVISION (Friday night) – less experienced and/or younger players**
- BLUE DIVISION (Sunday afternoon) – more experienced and/or older players**

Player's name: _____

Date of birth: _____

Address: _____

Phone number (home): _____

Email address: _____

School attended: _____ Year Level: _____

Parent's name: _____

Parent's mobile: _____

Parent's email address: _____

Please indicate your level of cricket experience:

- None**
- backyard cricket**
- Twilight or Super-8's**
- Club cricket - Age group and division _____**
- Representative cricket – Age group _____**

I wish my daughter _____ to be registered for the Glenda Hall Shield competition.

Parent's signature: _____

FAX completed form to 6295 7135 or email to abaker@cricketact.com