## T-Birds Logo (Email)**Traralgon Amateur Basketball Association Inc.**

## JUNIOR TEAM ENTRY FORM

Team Name …………………………………………………………………………………………. Age Group: □ U/10 □ U/12 □ U/14 □ U/16 □ U/18

Team Contact name …………………………………………………………………………….. Division: □ A □ B Boys □ Girls □

Team Contact email ……………………………………………………………………………..

Team Contact phone no# ......................................................................... Singlet Colour: ……………………………………….. Shorts Colour: ……………………………………

**\*Minimum of 6 players required for TABA to accept team entry form \*Team entry must also be completed via online registration**

**\*Maximum 3 representative players per team \*Representative players must play in A division**

**\*Example of representative player – TABA squad, other association squad, Latrobe City Energy VJBL, other VJBL, BVC representative program**

Player name Date of Birth Representative Player if yes please specify Player email address

1 Y / N

2 Y / N

3 Y / N

4 Y / N

5 Y / N

6 Y / N

7 Y / N

8 Y / N

9 Y / N

10 Y / N