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

## SENIOR TEAM ENTRY FORM

Team Name …………………………………………………………………………………………. Men □ Women □

Team Contact name …………………………………………………………………………….. Grade: □ A □ A Reserve □ B □ B Reserve □ C

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**

**\*Example of representative player – TABA CBL, other association CBL, Latrobe City Energy BIG V, other association Big V, SEABL**

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