



Brisbane Basketball Inc.
Home of the Capitals



NAB Stadium

16 Dixon St, Auchenflower Q 4066

PO BOX 353, Toowong Q 4066

Ph: (07) 3371 0200 Fax: (07) 3870 3043

Email: office@brisbanebasketball.com.au www.brisbane.basketball.net.au

PLAYER WANTING TO PLAY FORM

Personal Information—PLEASE PRINT CLEARLY

Surname: _____ Given Name: _____ M / F

Phone (M): _____ Phone (H/W): _____

Email Address: _____

Please Circle days and the grade in which you would like to play:

Sunday	WOMEN'S 1	MEN'S 1	M 2	M 3	M 4	M 5	M 6
Monday	WOMEN'S A	MEN'S A	M 1	M 2	M 3	M 4	
Tuesday	WOMEN'S 1	MEN'S 1	M 2				
Wednesday		MEN'S VETERANS					
Thursday	WOMEN'S A	W 1	MEN'S A	M 1	M 2	M 3	M 4

Positions played (PG/SG/SF/PF/C/Guard/Forward) _____

Experience level & attributes _____

PLEASE NOTE

By signing this form, you hereby acknowledge that Brisbane Basketball has the right to display your name and contact details on its website for teams looking for players to be able to contact. You waive any right to hold Brisbane Basketball or any of its staff liable for displaying this information on its website.

Please make sure your email address is written clearly in block letters. This does not guarantee you a position in a team. We will endeavour to assist you in finding a team through our team contacts as much as possible.

OFFICE USE ONLY

Date Received: _____ **Follow Up:** _____

Team/ Club: _____