

# MASTERS BASEBALL LEAGUE of WA INC REGISTRATION FORM

Please fax completed form to 9458 5469 or  
Post to PO Box 219, WELSHPOOL DC 6986

Surname \_\_\_\_\_

Given Names \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Playing History \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you participating in BWA competition?      Yes      No

Which Club? \_\_\_\_\_

Have you previously played Masters?      Yes      No

If yes, which team? \_\_\_\_\_