



SOUTH EAST METROPOLITAN SOFTBALL ASSOCIATION

ADDITIONAL PLAYER REGISTRATION FORM

CLUB.....

SURNAME.....

GIVEN NAMES.....

DATE OF BIRTH (If under 18years).....

ADDRESS: Number and Street.....

Suburb.....

Post code.....

PHONE.....

EMAIL.....

LAST CLUB REGISTERED:.....SEASON.....

HOME ASSOCIATION.....

CAPACITY: Please tick position(s) and indicate current level:

Player.....

Manager.....

Coach.....

Scorer.....

Committee/Other.....

PLAYER SIGNATURE.....

OR

CLUB PRESIDENT OR SECRETARY SIGNATURE.....