

Pennant Registration Form

Given Name: _____

Family Name: _____

Tick this box if you do not want your e-mail or phone details displayed on the Squash Matrix (see note on back page).

Date of Birth: _____ Sex: Male / Female

Work Phone: _____ (optional)

Home Phone: _____ (optional)

Mobile Phone: _____ (optional)

E-mail Address: _____ (optional)

(Please provide a valid address that you regularly access)

Postal Address: _____

(Mandatory)

Suburb: _____ Post Code: _____ State: _____

Reserve Notes: _____

(Optional - 'Reserve Notes' will display on the SquashMatrix Find-A-Reserve page and will assist you by advertising your willingness to reserve)

By signing this form you agree to abide by the Rules, Regulations and By-Laws of Squash ACT and its member clubs. These can be viewed via the Squash ACT web-site at www.squashact.asn.au or by contacting your Club Secretary.

Signature: _____ Date: _____

Player's Name:

Current Matrix Rating: _____ Division: _____ Position: _____

Club you wish to play for: _____

If you are not a current pennant player, outline your previous club and level of experience: _____

Do you wish to volunteer to be a Team Captain? YES / NO

Is there a night that you are unavailable to play?
(Every effort will be made to accommodate your preferences)

Are there players you wish to be in a team with? _____