



DRAZA MIHAILOVIC CUP BRISBANE 2019 ENTRY FORM

TEAM NAME: _____

TEAM COLOURS: _____

1ST CONTACT: Full Name: _____ **Ph:** _____

email: _____

2ND CONTACT: Full Name: _____ **Ph:** _____

email: _____

COACH: _____ **ASSISSTANT COACH:** _____

COMPETITION (Please Select Division and Circle Boys or Girls)

Open Men Div 1 Open Men Div 2
Open Women U/18 Girls/Boys

U16 Girls/Boys U14 Girls/Boys
U14 Girls/Boys U12 Girls/Boys

	Player Name	Jersey Number	Date of Birth
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

TEAM ENTRY FEE: \$300 Seniors and \$150 Juniors
FORMS WITHOUT PAYMENT WILL NOT BE ACCEPTED.

NOMINATIONS CLOSE:
Friday 6th DECEMBER 2019

Email completed form (scan or photo) to : ivanninkovic14@hotmail.com and pavle.krkeljas@gmail.com

Declaration:

In agreeing to enter my team in the Draza Mihailovic Cup (DMC) 2019. I recognise that White Eagles Basketball Club Brisbane Inc, and its assisting tournament organisers are free and clear of all responsibility whatsoever for any injury or illness that may occur to a member of your team whilst participating in the Draza Mihailovic Cup.

Responsible person

Printed name _____ **Signature** _____

Agree that you and your team will abide by the rules and conditions of the tournament.

Payment can be made by bank transfer: **Account Name: White Eagles BSB: 014289 ACC: 263013372**
Please provide payment receipt along with nomination form. If payment receipt is not attached, nomination form will be void.

Thank you and good luck