

Central Coast Table Tennis Association

PLAYER REGISTRATION FORM

YEAR: _____

SURNAME: _____ FIRST NAME: _____

D.O.B: _____ NSWTT No: _____

ADDRESS: _____

P/CODE: _____

PHONE NO: _____ MOBILE: _____

E-MAIL ADDRESS: _____

MEMBERSHIP LEVEL: (Please tick one box only)

	NSWTT + CCTTA	CCTTA Yearly	CCTTA Half Yearly (From Comp 3)
Senior	<input type="checkbox"/> \$65.00	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$15.00
Consession Card Holder	<input type="checkbox"/> \$35.00	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$10.00
Junior (under 18's)	<input type="checkbox"/> \$35.00	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$10.00

Note: Membership fee includes insurance and membership to CCYC.

ALL MEMBERS: I have read the Central Coast Table Tennis Association's 'Player Dress Code' and 'Code of Conduct for Players' and agree to abide by both these Codes.

Signed: _____ Date: _____

COMMITTEE USE ONLY	
Amount received: \$ _____	Date: _____
Signed: _____ (Treasurer / Committee member)	CCYC Form Received <input type="checkbox"/>
Receipt Number Issued: _____	