

SOUTHERN



Table Tennis

SOCIAL & RECREATIONAL PLAYERS INFORMATION FORM

***Social and Recreational Players – Monday Evenings,
Tuesday, Friday and Sunday Morning Sessions.***

Last Name:

First Name:

Address:

Post Code:

Telephone (Home):

(Mobile):

E-Mail:

Date of Birth:

Do you have a disability? YES NO

Do you have a culturally and linguistically diverse (CALD) background? YES NO

If yes to the above, select zone:

Contact Person (in case of an emergency):

Last Name:

First Name:

Telephone (Home):

(Mobile):

Medical Information:

:Signature:

Date: