

Return Form to:
Spikezone Mini Volleyball
43 Lower Portrush Rd
Marden SA 5070
Fax: 08 8363 9085



Mawson Lakes Spikezone Mini Volleyball Nomination - Term 4 2011

7 week competition starting 26th Oct - 7th Dec 2011

*NAME: _____ *MALE / FEMALE (CIRCLE ONE)

*ADDRESS: _____

*SUBURB _____ *P/CODE _____

DATE OF BIRTH _____ AGE _____ SCHOOL _____ *SCHOOL YR _____

*PARENT/CARER NAME _____ *CONTACT NUMBER: _____

*EMAIL ADDRESS _____

TEAM NAME (IF NOMINATING AS FULL TEAM OF 4): _____

7 week competition: \$40/PLAYER (includes \$5 VSA annual membership) or \$5 per week

Played at Mawson Lakes City Beach on Wednesday afternoons from 4pm. Matches run for 30 minutes. In the event that we are unable to get enough players to run the night as a competition coaching/playing will run from 4 - 4:45pm Teams will be divided, where possible, into school year level groups, Yr 6/7 and Yr 4/5. The competition is run as 4-a-side with extra players rotating on to serve. Spikezone Mini Volleyball rules apply (to view these rules please go to the Volleyball SA website www.volleyballsaustralia.com.au). Medals are supplied by Volleyball SA for Grand Finalist Teams. Parent/care giver's details will be put onto Volleyball SA's volunteer membership database at no cost.

OTHER PLAYERS I WOULD LIKE TO BE PLACED IN A TEAM WITH (these must be registered individually)/NAMES OF PLAYERS IN NOMINATED TEAM:

1/ _____ 2/ _____

3/ _____ 4/ _____

(Teams will be formed at the beginning of the season if you nominate as an individual but friends will be kept together wherever possible)

FULL PAYMENT SHOULD BE LODGED WITH THIS ENROLMENT FORM. IF YOU WISH TO PAY THE \$5 EACH WEEK THIS PAYMENT MUST BE MADE AT THE BEGINNING OF THE EVENING BEFORE THE MATCHES COMMENCE. Cheques should be made payable to Volleyball SA.

ENROLMENT CLOSING DATE FOR MAWSON LAKES SPIKEZONE MINI VOLLEYBALL COMPETITION: FRI 30TH SEPTEMBER 2011

PAYMENT TYPE (please circle) CHEQUE / CASH / BSB TRANSFER CREDIT CARD Visa / Mastercard

CARD NUMBER

Expiry Date ____/____/____ Name on Card _____

Please debit my card with \$ _____ Signature _____

BSB TRANSFER DETAILS

BSB No. 035-039
Account 308 387
Account Name: Volleyball SA
Ref: SZML(+ surname of child)

