

REGISTRATION FORM 2024 MANDURAH LEGENDS



| FULL NAME | | | |
|---|--|---|---------------------------------------|
| ADDRESS | | | |
| PHONE CONTACT | | | |
| EMAIL CONTACT | | | |
| EMERGENCY CONTAC | ТТ | | |
| LEGENDS AVERAGE | | | |
| COST W.A. LEGENDS \$1 | 0 | PLAQUE | |
| AUST. LEGENDS \$ | 520 | MEDALLION | |
| MANDURAH LEGENDS \$15 | | | |
| | | Please indicate your preference If no indication then Plaque is the set of th | · · · · · · · · · · · · · · · · · · · |
| | | | |
| with the Association Act 2015 - Dar The registered player will be playing All Legends members are required to | t Legends WA Inc and A g at their own risk, it is re o adhere to any relevant o ocial Media Policy, Mem | ecommended you carry personal injury in club rules (refer website) as well as Dart abers Policy, By Laws and Playing Rules | nsurance. Legends WA Inc Code of |
| Please notify your Clu | b Secretary if yo | ou change your address o | r telephone number |
| after completing this for | <u>orm.</u> | | |
| Treasurer Use Only | | | |
| Date Registered | | Receipt # | |

Account: Mandurah Legends BSB: 325185 Account #: 01205558

Cash

Bank