

**TBA Australian Disability Championships
State Teams Challenge Entry Form
2006**



State: _____

Managers Name: _____ Phone: _____

Address: _____ Postcode: _____

Coaches Name: _____ Level: _____

<u>Team Members:</u>	<u>TBA Rego No</u>	<u>Average</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Registration Form to be forwarded to the Tournament Director TBA Australian Disability Championships P.O. Box 308 Macarthur Shopping Centre Ambarvale NSW 2560

Team registration is to be lodged 21 days prior to the Tournament commencing 3/6/2005