2019/20 TEAM PACKAGES APPLICATION FORM

CLUB CONTACT										
Master // Mr // Mrs /	// Miss // Ms // Dr	First Nam	ne:			Surname:				
Address:				Suburb:				State:	Postcod	e:
Mobile:		Phon	e (H):		Email:					
D.O.B:	Association:									
TEAM MANAGE	R CONTACT									
Master // Mr // Mrs /	// Miss // Ms // Dr	First Nam	ne:			Surname:				
Address:					Subi	ırb:		State:	Pos	stcode:
Mobile:		Phone (H):		Email:					D.O.B:	
PACKAGES										
Full season junior membership for each player on team – includes entry to all 10 Perth Lynx regular season home games* Two Perth Lynx players to attend four (4) team training sessions Team to play at halftime at a Perth Lynx home game** Team to form guard of honour for player introductions at a Perth Lynx home game** 4 x baseline courtside seats for game that team play at half time 1 x team-signed replica playing singlet An invitation for coach of team to attend a group one hour coaching seminar with Perth Lynx head coach, Andy Stewart Full season junior membership for each player on team – includes entry to all 10 Perth Lynx regular season home games* Two Perth Lynx players to attend two (2) team training sessions										
		Т	erms and conditions (apply. Visit p	erthlynx.co	ım for more i	nformation.			
PAYMENT DET	AILS & OPTI	ONS								
Selected Package:	□ Platinum [□ Gold	PACKAGE PRIC	E: \$		Inc. GST	☐ Credit Card ○) Visa O	Mastercard	O AMEX
Card Number:			Expir	ry:	CVV:	N	lame:			
BY MAIL: Return this fo Box 455, Wembley W			EMAIL: Email a so mei	canned copy mbership@p				N: Drop this form tre 201 Underwo		
TEAM PLAYERS	*MAX 12 MEMBERS	HIPS								
PLAYER [1]	First Name:				Surr	ame:				
Address:				Suburb:				State:	Postcod	e:
Mobile:		Phon	e (H):		Email:				D.O.B	:
PLAYER [2]	First Name:				Surr	ame:				
Address:				Suburb:				State:	Postcod	e:

TEAM PLAYEI	RS CONT. *MAX 12 MEN	1BERSHIPS				
PLAYER [3]	First Name:			Surname:		
Address:			Suburb:		State:	Postcode:
Mobile:		Phone (H):		Email:		D.O.B:
PLAYER [4] Address:	First Name:		Suburb:	Surname:	State:	Postcode:
Mobile:		Phone (H):	aubui b.	Email:	Sidie.	D.O.B:
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PLAYER [5]	First Name:			Surname:		
Address:			Suburb:		State:	Postcode:
Mobile:		Phone (H):		Email:		D.O.B:
PLAYER [6]	First Name:			Surname:		
Address:			Suburb:		State:	Postcode:
Mobile:		Phone (H):		Email:		D.O.B:
PLAYER [7]	First Name:			Surname:		
Address:			Suburb:		State:	Postcode:
Mobile:		Phone (H):		Email:		D.O.B:
PLAYER [8]	First Name:			Surname:		
Address:	•		Suburb:		State:	Postcode:
Mobile:		Phone (H):		Email:		D.O.B:
DI AVED [O]	First Name			0		
PLAYER [9] Address:	First Name:		Suburb:	Surname:	State:	Postcode:
Mobile:		Phone (H):	Gusurs.	Email:	dute.	D.O.B:
	_					
PLAYER [10]	First Name:			Surname:		
Address:			Suburb:		State:	Postcode:
Mobile:		Phone (H):		Email:		D.O.B:
PLAYER [11]	First Name:			Surname:		
Address:			Suburb:		State:	Postcode:
Mobile:		Phone (H):		Email:		D.O.B:
PLAYER [12]	First Name:			Surname:		
Address:			Suburb:		State:	Postcode:
Mobile:		Phone (H):		Email:		D.O.B: