

Community Coaching Clinic Registration Form

Clinic Date_____ Venue:_____

Personal Details

Name: _____

Address: _____

Suburb: _____ P/Code: _____

Phone: (H) _____ (Work/Mob) _____

E-mail: _____

Coaching Experience

List previous & current coaching; also any other sports which you are involved in.

Important Information:

1. Form must be returned on the Friday prior to the advertised coaching clinic
2. Enquiries to Greg Jeffers at Basketball Victoria (03) 9927 6686 or e-mail: greg.jeffers@basketballvictoria.com.au or Facsimile: (03) 9927 6677

Send Registration Form to:

Greg Jeffers
Community Coaching
Box 3 MSAC
Aughtie Drive
ALBERT PARK 3206