



## Willowfest Team Registration Form

Please fill out all fields and send back to P.O. Box 2515, Mildura Victoria 3502.

Team Name: \_\_\_\_\_

Affiliated Club: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Town / Suburb: \_\_\_\_\_

State: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**TOTAL REGISTRATION FEES**

MENS TEAM \$600

WOMENS TEAM \$300

Any Comments? \_\_\_\_\_  
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