



Geraldton Basketball Association

Financial Assistance Application (State Representation)

Player Name: _____

Local Club: _____

Parent/Guardian Name: _____

Phone: _____

Email: _____

Team Representation (please tick applicable):

- | | |
|---|-------|
| <input type="checkbox"/> Southern Cross Challenge / Country Cup | \$250 |
| <input type="checkbox"/> SPP | \$250 |
| <input type="checkbox"/> WA State Team (final 12) | \$500 |

Age Group: _____ Travelling Dates: _____

Payment Details

BSB: _____ Account No: _____

Acc Name: _____

Reference: _____

Signed: _____ Date: _____
(Parent/Guardian)

Please return completed application and confirmation letter from BWA to
admin@geraldtonbasketballassociation.com.au or in person to the GABA Office.

put a  unce in your step

