

METROPOLITAN SNOOKER AND

BILLIARDS ASSOCIATION INC

FOUNDED IN 1952 BY THE AMALGAMATION OF THE NORTH SUBURBAN AND BRIGHTON DISTRICT AMATEUR BILLIARDS ASSOCIATION

NEW PLAYER MEMBERSHIP APPLICATION FORM

This form is to be completed by the team captain and new player.

The answers to the following questions will allow the MSBA to determine an appropriate starting handicap.

Captain			
Name:	Club/Team:		
Name.	+	Club/ I Calli.	
New Player's details			
New Player's details Full name:			A 221
Address:	_		Age: Phone:
			Phone:
Email Address:			
Dlavina history			
Playing history	un tagu guaakan killiguda ay naal aannati	iona?	Y / N
	ny team snooker , billiards or pool competi Where:	ions?	When:
If yes:	<u> </u>	11: 1 / D 1.	wnen:
	Last handicap/grade: Snooker / Bi	lliards / Pool:	
	_		
	petitively or socially? Y / N		T
If Yes	How often:		
	Where:		
COMMENTS BY TEAM CAPTAIN (Please include comparison with the abilities of other players in your team or any other			
player known to the MSBA Board of Management. Has there been at least three practice matches played.)			
RECOMMENDED HANDICAP			
(To be completed by the team captain)			
Please note that if a handicap proves to be too high			
then team points will be deducted			
•	Applications must be received for cons		_
and away round in which the captain wishes to include the new player. It will be up to the Match Committee to			
determine if a handicap can be approved within the 24 hours or whether the player can only play in the following			
round. Mid season applications will only be accepted before the half way mark of the season, unless special			
circumstances apply and a	are agreed to by the Match Committee.		
Please return completed	membership application to the MS	BA at Email: balmford	ds@ozemail.com.au
1	1 11		
Privacy: Any personal info	rmation supplied about the new player will	only be used in connection	with the allocation of a
	red with anyone outside the MSBA Board		
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Team Captain:	Signature:	Date:	