

## PAYMENTS

**Insurance:** The insurance cover provided via the Baseball Victoria registration fees provides Lump benefits only for Personal Body loss/losses. It should be noted that Waverley Baseball Club Inc. does not provide any insurance of any nature for members and/or players at any time. It is recommended that players and members establish their own insurance covers for personal accident, non-medical, salary benefits and loss of earnings etc. If you want to be covered by the BV registration then you must complete a Baseball Victoria Registration Form at an additional cost of \$85 (Incl. Handling).

## PRIVACY STATEMENT

This privacy notice is issued by Waverley Baseball Club Incorporated, Registered Number A0001474L ABN 96 950 204 139 and its related bodies herein referred to as "The Club". The Club collects information for use and assistance in Club activities: your name, and in the case of Juniors the parents names; your contact details such as street address, postal address, email and telephone numbers; your gender and date of birth; and your occupation. The primary purpose for collecting such information is to ensure correct and prompt contact with you regarding Club matters and in the case of emergency, to contact next of kin. Your name and address information may be used to produce mailing labels for Club purposes. Your personal information may also be disclosed to related bodies such as Baseball Victoria, the Australian Baseball League and other related bodies to the Waverley Baseball Club Incorporated for matters only relating to the sport of Baseball. After 20 December 2001, and subject to the provisions of the Privacy Act 1988, you may have access to correct and update the personal information we collect about you.

## Non playing Members

- \$10** – *Sign in Member only*
- \$80** – Voting Rights  
One book of raffle tickets  
One Refreshment Ticket (Value \$30)
- Sponsorships** - Sponsorship packages are available  
Please contact Ross Neilson on 0409 663 347 for further information

I \_\_\_\_\_ (**Member**) HEREBY AGREE TO ABIDE BY ALL THE RULES AND CONDITIONS LAID DOWN BY THE WAVERLEY BASEBALL CLUB INC. FROM TIME TO TIME.

SIGNED BY : \_\_\_\_\_

OFFICE USE ONLY

BASIC      RED      SPONSOR      PAID



# WAVERLEY BASEBALL CLUB Inc.

Reg. No. A0001474L / A.B.N. 96 950 204 139

**"HOME OF THE WILDCATS"**

*Where Everyone Comes to Play*

In conjunction with the

**WAVERLEY REDS INC.**

# NON PLAYING MEMBERS SUMMER – 2009/2010

**RETURN TO**

**THE TREASURER**

**P.O. BOX 910, GLEN WAVERLEY 3150**

**Secretary, Robyn Karlsen: 9561 9937**

**Club Rooms: 9886 1199**

If you can assist the Club with sponsorship please contact

President, Ross Neilson on 0409 663 347

Your assistance will be most gratefully accepted.

[wildcats@waverleybaseball.com](mailto:wildcats@waverleybaseball.com)

[www.waverleybaseball.com](http://www.waverleybaseball.com)

## SEASON DATES

Fixtures and Results are available on the Internet at  
[www.waverleybaseball.com](http://www.waverleybaseball.com)

### Major Dates

<b>FINALS</b>	MARCH 2010
PRESENTATION NIGHT	APRIL 2010
ANNUAL GENERAL MEETING	JUNE 2010

### MEN

<b>GAMES Round 1</b>	4 <sup>th</sup> OCTOBER 2009
LAST ROUND PRIOR TO CHRISTMAS	20 <sup>th</sup> DECEMBER 2009
FIRST GAME AFTER NEW YEAR	17 <sup>th</sup> JANUARY 2010

### WOMEN

<b>GAMES Round 1</b>	10 <sup>th</sup> OCTOBER 2009
LAST ROUND PRIOR TO CHRISTMAS	19 <sup>th</sup> DECEMBER 2009
FIRST GAME AFTER NEW YEAR	16 <sup>th</sup> JANUARY 2010

### MASTERS

<b>GAMES Round 1</b>	OCTOBER 2009
LAST ROUND PRIOR TO CHRISTMAS	DECEMBER 2009
FIRST GAME AFTER NEW YEAR	JANUARY 2010

**PAYMENTS** I enclose my payment of \$ \_\_\_\_ : \_\_\_\_ Cheque made payable to Waverley Baseball Club Inc. Cash to Treasurer or any Board Member or Credit Card, please complete :

MasterCard          Visa Card

Card Number \_\_\_\_\_

Cardholders Name \_\_\_\_\_

Expiry Date \_\_\_\_ / \_\_\_\_ Amount Paid \$ \_\_\_\_ : \_\_\_\_

Cardholders Signature \_\_\_\_\_

## PERSONAL INFORMATION

*PLEASE COMPLETE ALL SECTIONS OF THIS FORM*

SURNAME:

FIRST NAME:

INITIALS:

STREET ADDRESS:

SUBURB:

POST CODE:

PHONE NO:

MOBILE PHN NO:

EMAIL ADDRESS \_\_\_\_\_

**(Optional)**

DATE OF BIRTH: Day                  Month                  Year

## FOR SEASON 2009/2010

Our Liquor Licence requires that all Visitors and Guest must be signed in by a Member. **Avoid this inconvenience by taking up one of our Playing or Non Playing Membership Options**

We look forward to people coming forward and assisting the Board in running the Club, organising events and helping in general around the place on game days.  
**(This includes when the 3rds, 4ths, 5ths, 6ths, 7ths, masters & women are playing at home)**

*We encourage all ex-players, ex-members and supporters to join with us in supporting our teams and take part in the social activities.*