



652

PLEASE USE CAPITAL LETTERS IN BLACK OR BLUE PEN ONLY

FIRST NAME

[Grid for first name]

SURNAME

[Grid for surname]

UNIT NUMBER

[Grid for unit number]

STREET NUMBER

[Grid for street number]

STREET NAME

[Grid for street name]

SUBURB

[Grid for suburb]

STATE

[Grid for state]

POSTCODE

[Grid for postcode]

MALE

FEMALE

YOUR MOBILE NUMBER

[Grid for mobile number]

DATE OF BIRTH

DAY

[Grid for day]

MONTH

[Grid for month]

YEAR

[Grid for year]

2ND PHONE NUMBER

[Grid for 2nd phone number]

OCCUPATION

[Grid for occupation]

EMAIL (FILL IN EMAIL ADDRESS TO RECEIVE UPCOMING EVENTS AND VIKINGS NEWSLETTER)

[Grid for email]

THE FUTSAL CENTRE YOU ARE PLAYING AT

[Grid for futsal centre]

YOUR FUTSAL TEAM NAME

[Grid for futsal team name]

YOUR FUTSAL TEAM CONTACT

[Grid for futsal team contact]

YOUR FUTSAL TEAM CONTACT PHONE NUMBER

[Grid for futsal team contact phone number]

WHAT WINTER SPORT DO YOU PLAY?

[Grid for winter sport]

SCHOOL THAT YOU CURRENTLY ATTEND (IF APPLICABLE)

[Grid for school]

I have read the players code of behaviour and insurance conditions on the back of this form and agree to their terms. I agree to allow my son / daughter to join and play - I have also read and understood the insurance and explained code of behaviour to the player.

Name - \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Player or guardian if under 18

OFFICE USE ONLY - TAX RECEIPT

[Grid for tax receipt date]

DAY

MONTH

YEAR

[Grid for payment method]

CASH

CHEQUE

CC / EFT

[Grid for amount paid]

AMOUNT PAID

[Grid for player category]

INDIV

SEN

JUN

SOCIAL

KINDY

ACAD

[Grid for registration number]

REGISTRATION NUMBER