



REGISTRATION FORM FOR MUSGRAVE SOCCER CLINIC
Mon 18, Tue 19 & Wed 20 SEPTEMBER 2017

Please nominate each child in the table below, indicating their Registration status (for 2017), if afternoon care is required and complete total fees due based on the information sheet.

Player Full Name & (AGE)	Registration Status		Afternoon Care Required			FEES Breakdown		
	Registered 2017	NEW Player	18 Sep	19 Sep	20 Sep	Clinic Fee	PM Care Fee	Total Fee
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
	<i>Tick ONE box only</i>		<i>Tick ALL boxes applicable</i>			TOTAL FEES DUE: \$		

Parents Names: _____

Parents Address: _____

Parent's email address: _____

Parents Phone Numbers: 1. _____ 2. _____

Any Medical Problems (Note which child & condition/s): _____

PAYMENT METHOD:

Electronic Banking Transfer to –
 BSB: 034 154
 ACCOUNT: 144918

Please provide Payment Reference No below;

PAYMENT REFERENCE No:

Reference: YOUR NAME, "CLINIC" _____