

Registration Form

Player Name:		_ Date of Birth:		Current U? Group:	
Current Club:		_FFA Number :			
Parent's Name:		Parent's Ph Number:			
Parent's email:					
Training Gear Requi	red?				
Player's Shirt Size:		Player's Shorts Size:		Players Shoe Size:	
Program Notes:					
10 Week Program Co	ommencing School Term 2 2017				
1 Session Per Week	- Friday				
U6-U9 - 5.30pm to 4	.30pm U10-U15 - 5.30pm to	o 6.30pm			
Payment in full must	be made prior to the 1st session				
All academy players	require a training kit. 2016 academ	y players with training kit r	not required to	purchase new kit	
Payment Details					
Total Amount paid		_ (\$100 or \$150 with a nev	v training kit)		
Payment to be made	via direct debit:				
Account Name:	Rockdale City Suns FC				
BSB Number:	082 184				
Account Number:	797 117 643				
Reference:	Acad" Your Child's Surname" (eg. AcadSmith)				
email completed for	m to: goce@optusnet.co	om.au			