



ROCKDALE CITY SUNS FC JUNIORS ACADEMY

Registration Form

Player Name: _____ Date of Birth: _____ Current U? Group: _____

Current Club: _____ FFA Number : _____

Parent's Name: _____ Parent's Ph Number: _____

Parent's email: _____

Sessions Per Week _____

Monday & Wednesday _____ Monday _____ Wednesday _____

Program Notes:

22 Week Program

1 or 2 Session Per Week

Payment in full must be made prior to the 1st session

Payment Details

Total Amount paid _____ (\$800 or \$440 with a new 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 form to: goce@optusnet.com.au