2016 Athlete Registration Renewal Form

Sport Inclusion AUSTRALIA
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E mail@sportinclusionaustralia.org.au

Personal details

Athlete name: _____
Surname Given Names

Athlete registration number: AUS _____ **Date of birth:** _____

Gender *(please circle)* **Male** **Female**

Address: _____

Suburb/city/town: _____ **State:** _____

Post code: _____

Postal address:
(if different to above) _____

Suburb/city/town: _____ **State:** _____

Post code: _____

Phone number: _____

Email: _____

Mobile: _____

Sports *(tick ✓ the sports you do/would like to do)*

☐ Alpine skiing	☐ Swimming	☐ Athletics
☐ Basketball	☐ Tennis	☐ Soccer
☐ Cricket	☐ Rowing	☐ Table Tennis
☐ Indoor cricket	☐ Judo	☐ Cycling
☐ Tenpin Bowling	☐ Softball	☐ Futsal
☐ Netball	☐ Golf	☐ Other, please list

Payment Options

Please find enclosed my payment for $22.00 **Donation: $_____**

☐ **By cheque/money order** ☐ **By cash** ☐ **By direct debit**
Account name: AUSRAPID Inc
BSB: 033 039 Acc. No.: 15 5174
Please quote athlete registration number.

☐ **By credit card**

Card number: _____

Name on card: _____

Expiry date: _____ Card type _____

Signature: _____ Date _____

Office Use Only **Date rec.:** **Receipt no.:**