

2016 Athlete Registration Renewal Form



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SUPPORTING PEOPLE WITH A DISABILITY TO LEAD ENGAGED, ACTIVE AND HEALTHY LIVES

Personal details

Athlete name: _____
Surname Given Names

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

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

Address:

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

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)

- | | | |
|---|-----------------------------------|---|
| <input type="checkbox"/> Alpine skiing | <input type="checkbox"/> Swimming | <input type="checkbox"/> Athletics |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Tennis | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Cricket | <input type="checkbox"/> Rowing | <input type="checkbox"/> Table Tennis |
| <input type="checkbox"/> Indoor cricket | <input type="checkbox"/> Judo | <input type="checkbox"/> Cycling |
| <input type="checkbox"/> Tenpin Bowling | <input type="checkbox"/> Softball | <input type="checkbox"/> Futsal |
| <input type="checkbox"/> Netball | <input type="checkbox"/> Golf | <input type="checkbox"/> Other, please list |

Payment Options

Please find enclosed my payment for **\$38.50**

Donation: \$ _____

By cheque/money order By cash

By direct debit

Account name: Sport Inclusion Australia Inc
BSB: 033 039 Acc. No.: 15 5174

Please quote above athlete registration number.

By credit card

Card number: _____

Name on card: _____

Expiry date: _____ Card type _____

Signature: _____ Date _____

Office Use Only

Date rec.:

Receipt no.: