

# 2019 Athlete Registration Renewal Form



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## 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/Indoor Cricket | <input type="checkbox"/> Rowing   | <input type="checkbox"/> Table Tennis       |
| <input type="checkbox"/> AFL                    | <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 **\$40.00** or **\$115.00 for 3 years** Donation: \$ \_\_\_\_\_

By cheque/money order  By cash

By direct debit

Westpac Account  
Account name: Sport Inclusion Australia General  
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.: