

2020 Student Athlete Registration Renewal Form



4 Lowry Place
BENALLA VIC 3672
T +61 (0)3 5762 7494
F +61 (0) 3 5762 3560

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: _____

Phone number: _____

Email: _____

Mobile: _____

School Name/address: _____

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

Post code: _____

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 **\$20.00** **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 athlete registration number.

By credit card Card number: _____

Name on card: _____

Expiry date: _____ Card type _____

Signature: _____ Date _____

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