2020 Athlete Registration Renewal Form

Office Use Only

Date rec.:



4 Lowry Place BENALLA VIC 3672 T +61 (0)3 5762 7494 F +61 (0) 3 5762 3560 E mail@siasport.org



Personal details		
Athlete name:		Given Names
Athlete registration number:	AUS	Date of birth:
Gender (please circle)	Male Fem	ale
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 y	ou do/would l	ike to do)
Alpine skiing	Swimming	□ Athletics
Basketball	Tennis	
Cricket/Indoor Cricket	Rowing	Table Tennis
□ AFL	🗖 Judo	□ Cycling
Tenpin Bowling	Softball	🗆 Futsal
□ Netball	□ Golf	Other, please list
Payment Options		
Please find enclosed my payn	nent for <mark>\$40.00 o</mark> i	\$115.00 for 3 years Donation: \$
□ By cheque/money order	🗆 By cash	By direct debit ANZ Account NEW Account Details
		Account name: Sport Inclusion Australia BSB: 014 215 Acc. No.: 4221 14518 Please quote above athlete registration number.
By credit card Card r	number:	
Expi	ry date:	Card type
Sig	gnature:	Date

Receipt no.: