## 2021 Athlete Registration Renewal Form



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: Surna	me	Given Names
Athlete registration nur	mber: 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 you do/would like to do)		
☐ Alpine skiing	☐ Swimming	D Athletics
□ Basketball	☐ Tennis	□ Soccer
☐ Cricket/Indoor Crick	ket □ Rowing	□ Table Tennis
□ AFL	□ Judo	☐ Cycling
□ Tenpin Bowling	□ Softball	☐ Futsal
□ Netball	☐ Golf	□ Other, please list
<b>Payment Options</b>		
Please find enclosed my payment for \$40.00 or \$115.00 for 3 years Donation: \$		
☐ By cheque/money o	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.
$\square$ By credit card	Card number:	
	Name on card:	
	Expiry date:	Card type
	Signature:	Date
Office Use Only	Date rec.:	Receipt no.: