## 2022 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:  Surname  Given Names			
SUIT	iame		Given Names
Athlete registration nu	ımber: -	AUS	Date of birth:
Gender (please circle)		Male Fen	nale
Address:			
Suburb/city/town:			State:
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	☐ Athletics
□ Basketball		□ Tennis	□ Soccer
☐ Cricket/Indoor Cric	cket	□ 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 \$35.00 or \$100.00 for 3 years Donation: \$			
☐ By cheque/money	order i	□ By cash	□ <b>By direct debit</b> ANZ Account  Account name: Sport Inclusion Australia  BSB: 014 215 Acc. No.: 4221 14518  Please quote athlete registration number.
$\square$ By credit card			
			Card type
	Signature:		Date
Office Use Only	Date rec.:		Receipt no.: