2024 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: Surno	ame			Given Names
Athlete registration nu	mber:	AUS/SIA		Date of birth:
Gender (please circle)	_	Male	Female	
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		□ Swimm	ning	☐ Athletics
□ Basketball		□ Tennis		□ Soccer
☐ Cricket/Indoor Cric	ket	□ Rowing	g/Indoor Rowi	ng 🛮 Table Tennis
□ AFL		□ Judo		☐ Cycling
□ Tenpin Bowling		□ Triathla	on	□ Futsal
□ Netball		☐ Golf		☐ Other, please list
Payment Options				
Please find enclosed my payment for \$35.00 or \$100.00 for 3 years Donation: \$				
☐ By cheque/money o	order l	□ By cash	ANZ Acc Accoun BSB: 014	lirect debit count t name: Sport Inclusion Australia 215 Acc. No.: 4221 14518 quote athlete registration number.
\square By credit card	Card n	iumber:		
	Name on card:			
	Expir	ry date:		CCV
	Signature:			Date
Office Use Only	Date rec.:		Receipt	no.: