

Soccer Pro Academy
School Holiday Program Registration Form

Participants Details

Surname: _____ **Given Name(s):** _____

Date of Birth: _____ **Current Age:** _____ **Gender:** Male / Female

Health Problems or Allergies: _____

Club: _____ **School:** _____

No. of Years Playing: _____ **Playing Position:** _____

Parent Details

Surname: _____ **Given Name(s):** _____

Address: _____
_____ **Post Code:** _____

Phone: _____ **Mobile:** _____

Email: _____

Where did you here about us? _____

Venue: _____ **Session Type:** School Holiday Program

Program Session Time:

9am to 12noon

- U7's - Monday, Tuesday
- U12's - Wednesday, Thursday, Friday
- U16's - Monday, Tuesday, Wednesday

For Office use only:

Paid: _____ **Date:** _____

Please make cheques payable to: Soccer Pro Academy

Direct Bank Transfer details: Bank - Commonwealth Account Name - Soccer Pro Academy
BSB - 063779 Account Number - 10015084

Please note that there is a \$20 discount for any additional family player.