

Soccer Pro Academy
Registration Form - Flemington

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? _____

Session Details

Venue: Debney Park Secondary College Session Type: Group / Semi Private / One on One

Group Session Time:

Thursday

- U5's 4pm - 5pm
- U7's 5pm - 6pm
- U12's, 6pm - 7pm
- U18's, 7pm - 8pm

Semi Private / One on One Preferable Session Time Day/Date: _____ Time: _____

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.