



Office use only - RECEIPT NO:

Online Ref:

CITY NORTH LITTLE ATHLETICS Registration Form

For the 2015/2016 Season

DATE: ____/____/____

Athlete/s Surname: _____

First Name/s : _____

Registration Fees

1st and 2nd Child \$160 x _____ = \$ _____

3rd Child & Subsequent Children (over 6) \$145 x _____ = \$ _____

Under 6's – 1st & 2nd Child \$144 x _____ = \$ _____

Under 6's – 3rd & subsequent children \$114 x _____ = \$ _____

Total for Registration Fees: \$ _____

Arena & Canteen Volunteer Bonds (Committee Exempt) - \$80 per Family \$ _____

(\$50 Arena Bond, \$30 Canteen Bond - Refundable conditions apply)

Less Parent Bond (if applicable for 2014/15 Year \$60) Check parent roster \$ _____

Less Come and Try Day (\$10) ____/____ Receipt No/s _____ \$ _____

Uniforms

Polo Shirts \$40 x _____ = \$ _____

Girls Bike Pants \$30 x _____ = \$ _____

Boys Shorts \$30 x _____ = \$ _____

Caps / Hats \$15 x _____ = \$ _____

Total for Uniforms: \$ _____

TOTAL AMOUNT PAYABLE (Registration Fees + Parent Bond + Uniforms): \$ _____

Payment by Cash / Cheque / Direct Deposit / EFTPOS via VISA, Mastercard and Savings/Cheque accounts

Please return registration form with payment if paying via Cash / Cheque / VISA or Mastercard, EFTPOS only on Saturdays.

Direct Deposit Details:

Bank: Bank of Queensland
Account Name: City North Little Athletics
BSB: 124-021
Account No: 1-112-7829
Reference: Athlete/s Surname

Please bring out a printout of your banks confirmation.

Other Details:

Our club is a volunteer run organisation.

If you can help us, how can you help us?

Consent: I consent to the use of photos of myself or my child/ren on the City North Web Site, TeamApp or Facebook page. Yes [] No []

Signature _____