



**UNIVERSITY OF WA
FOOTBALL CLUB**



PLAYER REGISTRATION FORM - 2018

Full Name: _____				
Address: _____				
				Post code: _____
Phone: _____				
DOB: ___ / ___ / _____				
Team:	A/Res	3s/4s	Colts	Women

Seniors - Tick appropriate box	
<input type="checkbox"/> UWA Student	\$200 UWA Student Number: _____ (needed)
<input type="checkbox"/> Other Student	\$220
<input type="checkbox"/> Non-students	\$240 <input type="checkbox"/> UWA Alumni?

Colts & Women - Tick appropriate box	
<input type="checkbox"/> UWA Student	\$160 UWA Student Number: _____ (needed)
<input type="checkbox"/> Other Students	\$170
<input type="checkbox"/> Non-students	\$180 <input type="checkbox"/> UWA Alumni?

Signed: _____
Player
Registrar

Payment
<input type="checkbox"/> Cash or Cheque <input type="checkbox"/> EFTPOS <input type="checkbox"/> Credit Card <div style="margin-left: 40px;"> <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Bankcard </div>
Name on card: _____
Card number: _____ Expiry Date: ___ / ___ <small>(CC number only needed if you're emailing this form)</small>
Signature: _____

* I hereby give authority for the University Football Club to debit my credit card for fees payments only. I understand that the University Football Club will keep my credit card details and will only use my number for fee payments and will not divulge my card number to any other parties whatsoever.