

Junior Skills Development Clinic Application Form 2016

8 weeks for our U8 – U18 Age Players

From Monday, Oct 10 to Monday Nov 28

Player's name: _____ Age: _____ Birth Date _____

Player's team(s): _____

Emergency Contact: _____

Tel: _____ Mobile: _____

Email: _____

In case of emergency, accident or illness involving my child, I give permission for one of the coaches present, to seek medical attention and I agree to pay any costs incurred.

SIGNED: _____ Date: _____

Venue: Monbulk Reserve, Moores Rd Monbulk

Cost: \$120, payable either on or before the first session on Oct 8

Payment options: Cash / Card / Chq / EFT

* Please make **cheques** payable to **MRSC**. Ensure that cheques are adequately labelled on the reverse side

** If paying by **Electronic Funds Transfer (EFT)** please credit the following **Bendigo Bank** account:

BSB: 633 000 Account # 152 81 48 93

NOTE: Bank transfers should include a specific transfer description. E.g., "JaccoKerstens-U11"

Please email this form to: juniorcoaching@monbulkrangers.org.au

Admin Use Only:

Amount Paid: _____

Date: _____

Session times: (60 minute sessions) Mondays

Group 1 & 2
18:30 – 19:30

Group 3 & 4
19:30 – 20:30