

GREENACRES WOMEN'S FOOTBALL CLUB

2014 VOLUNTEER REGISTRATION FORM

Please Turn Over Page

Volunteer Details						
Given Names:			Surname:			
Date of Birth: / /			Sex: M / F			
Address:		Suburb:			P/Code:	
Mobile:		Home Phone:				
Email Address:						
Occupation: Company Education (if applicate			n Institution			
Volunteering (Please indicate the main area in which you would like to volunteer your time this Season)						
Game day set up/ pack down Scoreboard/ keeping/inte steward/wat	erchange	BE	BBQ/Canteen			Social Club
Fundraising Sponsorship	0	Media: post-match write- ups/marketing/ merchandise			Jnder 18's Mentorship Program	
Conditions of Registration						
By signing this Registration form, I hereby:						
 (a) Apply for registration as a volunteer with the Greenacres Women's Football Club. (b) Agree that I am bound by the rules, by-laws, code of conduct and policies of the South Australian Women's Football League (SAWFL) and the Greenacres Women's Football Club (GWFC) as amended from time to time (available to view at www.gwfcdragons.sportingpulse.net). 						
(c) Upon signing this form, I hereby give the AFL, SAWFL and GWFC permission to use photographs and/or images of my participation as a volunteer.						
(d) The GWFC may, at its discretion, provide the information contained herein to third parties.						
(e) Declare that the information set out in this form is true, complete and accurate in every respect.						

V	olunteer Registration					
By signing this form I acknowledge that I have read the conditions of registration printed on this form and I agree that I am bound by those conditions.						
Print Name	Signature	Date				
This section below is to be completed by the Greenacres Women's Football Club Registrar						
	b Registration Approval					
The above registration form is approved by the Greenacres Women's Football Club.						
Print Name	Signature	Date				