



Northern Elite Academy Training

Registration Form

Athlete Information 2015

Full Name: _____

Home Address: _____

Suburb: _____ P/Code: _____

Home Phone: _____ Mobile: _____

Best email contact: _____

DOB: ____/____/____ Height: _____(cm) Weight: _____

Mother's Name: _____ Mobile: _____

Father's Name: _____ Mobile: _____

Championship Club: _____ Domestic Club _____

Coaching Coordinator: _____ Mobile: _____

Position(s) you play: _____

School Name: _____

School Address: _____

Suburb: _____ P/Code: _____

Year Level in 2015: _____



Northern Elite Academy Training

Payment Form

Payment Options:

Payment in full:

Total Cost - \$315 + GST per person

Call the DVBA Office on 9432 4720 or visit between 10.00am-5.00pm Monday- Friday to make payment

Weekly Installments:

☐

Direct Deposit

\$16.50 to be direct deposited into the DVBA account weekly

Payments will be made on _____ with reference name NEAT (*surname*)

☐

Office Payment Plan

\$16.50 will be charged to the below credit card every Tuesday

Select: ☐ Visa ☐ Mastercard

Card holder's name _____ Expiry Date _____

Credit card number _____ CVV _____

Card holder's signature _____

I _____ understand that by agreeing to this Payment Plan, as outlined above,
that if my child chooses to withdraw from the program I commit to paying the total cost in full

Signed: _____