

Gosford City Rebels

2010 Player Registration Form



Personal Information (Please print all information clearly)

Family Name: _____

Given Name: _____

Date of Birth: _____

Gender: Male / Female

Parents Name(s): Dad: _____ Mum: _____

Postal Address: _____

Suburb: _____

Home Phone: _____

Players Mobile: _____

Parents Mobile: _____

Players Email: _____

Parents Email: _____

Current Details

Association: _____

Team/Age Division _____

School: _____

Current Team in Local Comp _____

Office Only Use

Date Lodged: _____

Payment: Cash Cheque Eftpos Amount: \$10.00 per player

Receipt # _____

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