



COURSE REGISTRATION FORM

COACH DETAILS

Given Names		Surname	
Gender		Date of Birth	
Email			
Address			
Suburb		Postcode	
Phone (h)		Mobile	

WORKING WITH CHILDREN CHECK

All Basketball Coaches are now required to have a current Working with Children Check.

Card Number		Expiration Date	
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☐ Attached is a copy of my WCC

PAYMENT DETAILS

Payment Amount	\$135	Course	<input type="checkbox"/> Level 1 Coaching Course													
Payment Type	<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card	Credit Card	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard													
Name on card																
Card Number																
Expiry Date	/				CCV Number											

PLEASE RETURN TO BASKETBALL GEELONG
BY FRIDAY 29TH OCTOBER, 2010
(FAX) 5277 1389 OR (EMAIL) admin@basketballgeelong.com.au.