

ENROLMENT FORM TERM 4 2014

Child's Name: _____ DOB: _____

Parent/Guardians Name: _____

Address: _____ P/Code: _____

Mobile: _____

Email (essential): _____

**Please circle centre
and class.**

	Mite E	Pint Size	Intro to Micro	Micro	Micro Plus
Newborough PS SATURDAY	9.00-9.35am	9.00-9.50am	10.00-11.00am	10.00-11.15am	
Ocean Reef PS SATURDAY	9.00-9.35am	9.00-9.50am	9.40-10.40am	10.00-11.15am	
Connolly PS SUNDAY	9.00-9.35am	9.00-9.50am	9.40-10.40am	10.00-11.15am	
Wembley Downs PS SUNDAY	9.00-9.35am	9.00-9.50am	10.00-11.00am	10.00-11.15am	
Wembley Downs PS WEDNESDAY		3.40-4.30pm		4.30-5.45pm	
Madeley PS WEDNESDAY		3.30-4.15pm		4.15-5.30pm	
East Butler PS SATURDAY	9.00-9.35am	9.00-9.50am	10.00-11.00am	10.00-11.15am	
Term Price	\$115	\$125	\$140	\$140	\$140
Register by <u>20 October</u>	<i>\$105</i>	<i>\$115</i>	<i>\$130</i>	<i>\$130</i>	<i>\$130</i>

PAYMENT OPTIONS: CASH, CREDIT CARD, DIRECT TRANSFER or CHQ accepted:

Credit Card Number _____ Exp Date: ____ / ____

Card Holders Name _____ CCV: _____

Direct deposit: 306-104 1002962 Grasshopper Soccer Northern Suburbs. Ref: Child's name. Receipt number _____

ADD Grasshopper Shirt and Shorts (Enrolment Special \$50)

Size (Please Circle) **XXS** **XS** **S** **M** **L**

Uniform \$ _____

TOTAL inc term fees \$ _____

Parent/Guardian Consent: I hereby authorize Grasshopper Soccer to act on my behalf should my child require medical attention, and release Grasshopper Soccer from any liability for injury incurred by my child at Grasshopper Soccer programs. **GHS has a No Refund Policy should you change your mind.**

Parent/Guardian Signature: _____