



AGDA Fun Comp or Theme Day Registration Form 2010

Registering Participants Personal Information

Surname:- _____ Given Name:- _____
 DOB: _____ Age turning this year: _____

Program Details

Class Type: COMPETITION /THEME DAY

COACH: _____

Level Competing: _____ P2P Award Testing: _____

Hours per week the registering Participant Trains: _____

Competition/Theme Day Name: _____

Competition/Theme Day Date: _____

Competition/Theme Day Closing Date: _____

Payment Details

Payment Due: (no late entries accepted)

Cost: \$ _____ Receipt Number: _____

Payment Options: *Eftpos payments are a min. \$30.00 transactions under on Chq or Savings incur a \$1 transaction fee*

Cheque made payable to AGDA either place in Reception box or mail to PO BOX 471 Morayfield Q4506.

OR

Electronic transfer to AGDA. BSB: 014524 Acct: 497524706 on transfer please put your child's name payment reason and fax or deliver this form to our office.

Credit Card

Please debit \$ _____ from my credit card. Type of card: Visa Mastercard Bankcard

Cardholders Name: _____

Card Number: _____

ExpDate: _____

Cardholders Signature: _____

2% Service Charge on all credit card payments.