



ABN: 82 598 967 065

AGDA Outside Club Registration Form 2011

Level 1 to 6

Registering Participants Personal Information

Surname:- _____ Given Name:- _____

Date of Birth _____ AGE Turning this year :- _____

Program Details

Class Type: COMPETITION

COACH:- _____

Level Competing _____

Hours per week the registering Participant Trains _____

Competition Name _____

Competition Date _____

Competition Closing Date _____

Payment Details

Payment Due (NO late entries accepted)

Cost: \$ _____ **Receipt Number** _____

Payment Options:

- Cheque made payable to AGDA either place in Reception box or mail to PO BOX 471 Morayfield Q4506.
- Cash Payment
- Cash/ Chq Receipt No: _____, _____, _____, _____
- Electronic transfer to AGDA. BSB: 484 799 Acct: 602034050 on transfer please put your child's name payment reason and fax or deliver this form to our office.
- Credit Card Please debit \$ _____ + 2% s.c. from my credit card. **2% service charge on all credit card payments.**
- Type of card: Visa Mastercard Bankcard Cardholders Name: _____
- Card Number: _____ Exp Date: _____

Cardholders Signature: _____

Date of Payments: _____

Visit us at: www.agymda.com.au

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