



Happy Valley Football Club Inc. Sub Junior Membership Form

2016

U/8

U/10

U/12

PLAYER

Surname: _____ Given Name (s): _____

Residential Address: _____ P/C: _____

Postal Address: _____ P/C: _____

Phone: (H) _____ Player's Mobile: _____

School: _____ Grade : _____

Email address: _____

(This is the Club's preferred method of correspondence. Please list an email address if available.)

Date of Birth: _____

ASSOCIATE MEMBERSHIP: Allows entry to Home Games and in return you are required to assist as specified on our Club Volunteer Roster. This totals approximately 4 hrs for the season.

PARENT 1 (ASSOCIATE MEMBER 1)

Relationship to Player: _____

First Name: _____ Surname: _____

I agree to be included in the Club Volunteer Roster _____ (Signature)

Residential Address: _____ P/C: _____

Postal Address: _____ P/C: _____

Phone: (H) _____ Mobile: _____

PARENT 2 (ASSOCIATE MEMBER 2)

Relationship to Player: _____

First Name: _____ Surname: _____

I agree to be included in the Club Volunteer Roster _____ (Signature)

Residential Address: _____ P/C: _____

Postal Address: _____ P/C: _____

Phone: (H) _____ Mobile: _____

For purposes of running this club, the above information will be maintained on file. Your privacy will be respected. All members are expected to abide by all the policies of the Happy Valley Football Club (available from the Secretary)

**Sub Junior Player Fees are \$125.00 per season Payable by 28th May 2016
HVFC reserves the right to disallow match play if fees remain unpaid by due date unless arrangements have been made with the Treasurer.**

Payment Details: Date: / / Amount: \$ Receipt No: Cash/M.C/Chq/DD

Happy Valley Football Club Banking Details: BSB: 105 186 Account No. 021 556 240

Amount Paid \$

RECEIPT NO.