

# Booking Form

## Please select Clinic Type

- School Holiday Clinic Preferred Dates \_\_\_\_\_
- Come and Try Clinic (6-9 year olds) Preferred Dates \_\_\_\_\_
- High Performance Clinic Preferred Dates \_\_\_\_\_

## Players Details

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Date of birth \_\_\_\_\_

Players Age \_\_\_\_\_

Club \_\_\_\_\_

Allergies/Medical Info \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Parents Details

Parent 1 / Gardian 1 \_\_\_\_\_

Parent 2 / Gardian 2 \_\_\_\_\_

Mobile 1 \_\_\_\_\_

Mobile 2 \_\_\_\_\_

Email 1 \_\_\_\_\_

Email 2 \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

## Booking Slip

Payment Method (please tick)  Credit Card  Cash  Cheque

Credit Card Type  Visa  Mastercard  Other

Credit Card No \_\_\_\_\_ Expiry Date \_\_\_\_\_ CCV \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Signature \_\_\_\_\_