



CLAREMONT FOOTBALL CLUB

YOUR DETAILS

BUSINESS DETAILS

Name:		
Address:		
Suburb:	State:	Post code:
Home Phone:	Mobile phone:	
Email:	DOB: _ / _ / _	

MEMBER DETAILS (A)

Title	First Name:	Last Name:
Address:		
Suburb:	State:	Post code:
Home Phone:	Mobile phone:	
Email:	DOB: _ / _ / _	

MEMBER DETAILS (B)

Title	First Name:	Last Name:
Address:		
Suburb:	State:	Post code:
Home Phone:	Mobile phone:	
Email:	DOB: _ / _ / _	

	1 ENTRY	2 ENTRIES
Corporate Classic	\$550 (INC. GST) <input type="checkbox"/>	\$1,000 (INC. GST) <input type="checkbox"/>

PAYMENT METHOD

By Email	Please complete/scan the form and send to admin@claremonttigers.com
By Mail	Please complete and send the forms to PO Box 59, CLAREMONT 6910
In Person	Please complete and return the forms to the Claremont Football Club

PAYMENT DETAILS

Cheque	Visa	Mastercard
Card no.	Exp. /	
Card holder Name:	Signature:	

**THANK YOU FOR SUPPORTING THE
CLAREMONT FOOTBALL CLUB**