

2024 Player Sponsor

FOR ONLY \$695 YOU CAN SUPPORT YOUR FAVOURITE PLAYER IN THE 2024 SEASON!

PAYMENT:		
COMPANY NAME:		
NAME:		
ADDRESS:		
POSTAL		
ADDRESS: SUBURB:		STATE: POSTCODE:
ABN:		01,112.
TELEPHONE:	lasp	(20)
EMAIL:	(W):	(M):
PREFERRE	ED PLAYER	ENTER BY
ODTION ONE		POST: PO Box 368, Fremantle WA 6959
OPTION ONE		FAX: 9430 4143 PHONE: 9335 1555
OPTION TWO		EMAIL: admin@sffc.com.au IN PERSON: Parry Street, Fremantle
OPTION THREE	:	
OF HOW THINE		
PAYMENT	DETAILS (This document will become a tax invoice for	GST purposes ABN: 62 379 082 609)
COMPANY NA	ME:	
DELEGATE: _		
PLEASE FIND EN	NCLOSED MY CHEQUE*	
*Please make che	eque payable to South Fremantle Football Club	
		05 IN VOICE ME
PLEASE CHARGE	E MY MASTERCARD/VISA CARD: PLEA	SE INVOICE ME: AMOUNT: \$695.00
Card Number:	- - -	CCV:
Card Holders Nam	ne:Signature):
Card Holders Nam	ne:Signature	: <u> </u>