

COME AND TRY RUGBY REGISTRATION FORM

Come and Try Rugby Centre:	
Parent Information	
MR/MRS/MISS/MS	
ADDRESS	
SUBURB	STATE P'CODE
PHONE (H) PHONE (W/M)	
EMAIL	
CHILD A NAME	CHILD B NAME
SEX DOBAGE	SEX DOBAGE
SCHOOL	SCHOOL
Medical Conditions or Allergies:	Medical Conditions or Allergies:
Do you identify as Aboriginal or Torres Strait Islander Y / N?	Do you identify as Aboriginal or Torres Strait Islander Y / N?
PAYMENT DETAILS	
There will be no refund for any session missed or inclement weather.	
PAYMENT TYPE ☐ Cash ☐ Cheque (Please make cheques payable to Australian Rugby Union) ☐ Credit Card: ☐ Visa ☐ Bankcard ☐ MasterCard	
Cardholders name	
Expiry date/Total amount paid \$	
Signature	