



FLOREAT ATHENA FOOTBALL CLUB

2018 Player Expression of Interest

Po Box 198
Mt Hawthorn 6915
admin@floreatathenafc.com.au
www.floreatathenafc.com.au

PLAYERS DETAILS (one form per player)

SURNAME:			
GIVEN NAMES:			
ADDRESS:			
	SUBURB:	POSTCODE:	
DATE OF BIRTH:		PHONE NUMBER:	
MOBILE NUMBER	:		
EMAIL ADDRESS:			
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		

AGE GROUP

NPL	<input type="checkbox"/> U18	<input type="checkbox"/> U20
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PARENTS/GUARDIAN DETAILS

NAME 1:		EMAIL ADDRESS:	
CONTACT NUMBER:		MOBILE:	

PLAYER HISTORY

CLUB		YEAR PLAYED	
PLAYING POSITION			
CLUB		YEAR PLAYED	
PLAYING POSITION			
CLUB		YEAR PLAYED	
PLAYING POSITION			

ALLERGIES

Please advise if you have any allergies and/or require regular medication. Yes No
If Yes, please provide details.

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Selected players for NPL teams are required to confirm their position within 5 days of receiving the clubs letter of acceptance, together with a \$400 non refundable deposit. Balance of Fees are required by 9TH FEBRUARY 2018

BSB: 086-492 ACCT: 680837217 REF: Surname/Team (e.g. U18)

Official Use Only	TEAM	NOTES
Date:		