



Registration

Player Details:

Name: _____ D.O.B _____.

Playing History: _____.

Medical Conditions: _____.

Guardian Details:

Name: _____.

Address: _____.

Email: _____.

Phone: _____.

Payment Method: _____.

Academy: Small Sided Football:

Term: _____ Day/Time: _____.

Bayside Football Academy

Shipston Reserve, Crawford St. Cheltenham

Wishart Reserve, Hampton East

Please mail registration to: PO.BOX 6032,CROMER VIC 3193

Banking: BSB 033180 ACC 174681

www.baysidefootballacademy.com

Oliver Schulze 0418443366

