



## MHFC Goalkeeping Clinic Registration Form

Please complete this form to register your child to attend a MHFC Goalkeeping Clinic. *Please RSVP by the date stipulated to ensure a place.*

Player Application Form	
<b>Player Name:</b>	
<b>Date of Birth:</b>	<b>Age:</b>
<b>Medical Issues</b> (i.e. Asthma, Diabetes):	
<b>Parent Name:</b>	
<b>Address:</b>	
<b>Contact Phone:</b>	<b>Mobile:</b>
<b>Email:</b>	
Player Information	
<b>Have you played football before (yes or no)?</b>	
<b>Current Football Club:</b>	
<b>Ages 10 – 16 years</b>	
PLEASE INDICATE WHICH GOALKEEPING CLINIC YOU WOULD LIKE TO ATTEND	
<b>Thurs 29 Sept</b> LaTrobe Uni, Lower Playing Fields Kingsbury Drive, Bundoora 9.30 am – 4.00 pm	<b>Wed 5 October</b> North Geelong Warriors SC Elcho Park, Gibbons Rd, Lara 9.30 am – 4.00 pm
<b>Register online at <a href="http://www.melbourneheartfc.com.au">www.melbourneheartfc.com.au</a> (community page) or return your booking form by email to <a href="mailto:community@melbourneheartfc.com.au">community@melbourneheartfc.com.au</a> or FAX: 9459-7410 MAIL: PO Box 162, La Trobe University Post Office, Bundoora, VIC, 3083</b>	
<b>PAYMENT DETAILS -Please tick the amount to be charged and method of payment:</b>	
Charge MHFC member fee of \$160 <input type="checkbox"/> or my MHFC member number: _____ <input type="checkbox"/>	
or Non-member fee of \$180 <input type="checkbox"/> Inc GST to my credit card: <input type="checkbox"/>	
Mastercard      Visa	
Card No: ____ / ____ / ____      Expiry Date: ____ / ____	
Card Holder Name: _____      Signature: _____	
<b>NB: Participant numbers are limited. Each participant will receive a pair of MHFC Goalkeeping gloves. Lunch will be provided.</b>	
The data you have provided on this form will be added to the Melbourne Heart FC database unless otherwise requested by you. You will be able to unsubscribe from communication at any time. If you do not wish to receive future information from Melbourne Heart FC, tick here. <input type="checkbox"/>	

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