

2007 DEVELOPMENT PROGRAM REGISTRATION



FIRST NAME _____ SURNAME _____

ADDRESS _____

SUBURB _____ POSTCODE _____

EMAIL _____

MOBILE _____ HOME PHONE _____

DOB ____/____/____ CLUB _____

REGION: to be determined by place of residence; please refer to regional map. SCHOOL _____

PREFERRED POSITION _____ 2ND POSITION _____

MEDICAL CONDITIONS _____

Please tick the programs you wish to be involved in (relevant to age group) and then complete the payment section at the bottom.

U14 DEVELOPMENT CLINIC (born in 1993)

North <input type="checkbox"/> 10th & 11th April 8:30am - 12:30pm Lake Joondalup Park, Scenic Dr Wanneroo \$44.00 incl. morning tea & playing jersey	Central <input type="checkbox"/> 12th & 13th April 8:30am - 12:30pm Rugby Park, Meagher Dr Floreat \$44.00 incl. morning tea & playing jersey	South <input type="checkbox"/> 16th & 17th April 8:30am - 12:30pm Thomas Oval, Tucker St Medina \$44.00 incl. morning tea & playing jersey
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U14 REGIONAL TRIALS (born in 1993)

North <input type="checkbox"/> 18th April 12:00pm - 2:30pm Rugby Park, Meagher Dr Floreat \$FOC	Central <input type="checkbox"/> 19th April 12:00pm - 2:30pm Rugby Park, Meagher Dr Floreat \$FOC	South <input type="checkbox"/> 20th April 12:00pm - 2:30pm Rugby Park, Meagher Dr Floreat \$FOC
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U15 DEVELOPMENT CLINIC (born in 1992)

North <input type="checkbox"/> 10th & 11th April 1:00pm - 5:00pm Lake Joondalup Park, Scenic Dr Wanneroo \$44.00 incl. afternoon tea & playing jersey	Central <input type="checkbox"/> 12th & 13th April 1:00pm - 5:00pm Rugby Park, Meagher Dr Floreat \$44.00 incl. afternoon tea & playing jersey	South <input type="checkbox"/> 16th & 17th April 1:00pm - 5:00pm Thomas Oval, Tucker St Medina \$44.00 incl. afternoon tea & playing jersey
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U15 REGIONAL TRIALS (born in 1992)

North <input type="checkbox"/> 18th April 2:30pm - 5:00pm Rugby Park, Meagher Dr Floreat \$FOC	Central <input type="checkbox"/> 19th April 2:30pm - 5:00pm Rugby Park, Meagher Dr Floreat \$FOC	South <input type="checkbox"/> 20th April 2:30pm - 5:00pm Rugby Park, Meagher Dr Floreat \$FOC
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U16 REGIONAL TRIALS (born in 1991)

North <input type="checkbox"/> Trial 1 - 20th May <input type="checkbox"/> Trial 2 - 27th May <input type="checkbox"/> Trial 3 - 10th June <input type="checkbox"/> \$FOC	Central <input type="checkbox"/> Trial 1 - 20th May <input type="checkbox"/> Trial 2 - 27th May <input type="checkbox"/> Trial 3 - 10th June <input type="checkbox"/> \$FOC	South <input type="checkbox"/> Trial 1 - 20th May <input type="checkbox"/> Trial 2 - 27th May <input type="checkbox"/> Trial 3 - 10th June <input type="checkbox"/> \$FOC
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STATE SCHOOLBOY TRIALS (born in 1989/1990 & fulltime secondary student)

Trial 1 - 29th April <input type="checkbox"/> 9:00am - 1:00pm Rugby Park, Meagher Dr Floreat	Trial 2 - 6th May <input type="checkbox"/> Floreat	Trial 3 - 13th May <input type="checkbox"/> \$FOC
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Parental consent

I allow my child to participate in the above programs.

Parent / guardian signature _____

Date _____

PAYMENT SECTION

CREDIT CARD CHEQUE CASH to be paid at RugbyWA office.

CARD TYPE (please tick) VISA MASTERCARD

CARD NUMBER

NAME ON CARD _____ EXPIRY DATE ____ / ____

Cardholder Signature _____

Return to: Wendy Hickman. PO Box 146 Floreat WA 6014. Fax: 08 93872945. Email: wendy.hickman@rugbywa.com.au

Closing date is 1 week prior to event starting.

This document will be a tax invoice for GST upon payment – please copy and retain for your reference and tax records. Western Australian Rugby Union (Inc). ABN 30 013 947 501