



**RUGBY WA  
LEVEL 1 ASSISTANT REFEREE COURSE  
REGISTRATION FORM**

ABN: 30 013 947 501

Date \_\_\_\_\_ Time **6:30pm – 9:00pm**  
Venue \_\_\_\_\_ Fee **\$25 (GST inclusive)**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_ P/C \_\_\_\_\_  
Phone (A/H) \_\_\_\_\_ Phone (B/H) \_\_\_\_\_ Fax \_\_\_\_\_  
Mobile \_\_\_\_\_ Email \_\_\_\_\_  
Club / School \_\_\_\_\_  
Fee Enclosed (Please Circle) Yes \_\_\_\_\_ No \_\_\_\_\_  
Club / School Will Pay (Please Circle) Yes \_\_\_\_\_ No \_\_\_\_\_  
Club / School Secretary (Please Print) \_\_\_\_\_  
Club / School Secretary (Please Sign) \_\_\_\_\_

**PAYMENT DETAILS**  
(Please tick)

- Cash payment enclosed  
 Cheque payment enclosed  
 Charge to my credit card

**CREDIT CARD DETAILS**  
(Please tick)

- MasterCard  
 Visa  
 Bankcard

Cardholder name \_\_\_\_\_  
Cardholder signature \_\_\_\_\_  
Card number \_\_\_\_\_ Expiry \_\_\_\_\_  
date \_\_\_\_\_

- A confirmation letter will be sent to you prior to the course commencement date and will indicate other items you will be required to bring.
- The course fee needs to be enclosed with this registration form unless the participant's School or Club has agreed to be invoiced.
- Participants will not be permitted to attend the course unless payment is received at least five working days prior to the course date or the nomination form is signed by the Club or School Secretary agreeing to pay the fee.
- Participants failing to attend will be liable for the cost of the catering ordered on their behalf.

PLEASE RETURN COMPLETED FORM TO:

**TO : Wendy Hickman (Rugby Administrator)**  
Rugby WA, PO Box 146, Floreat WA 6014

fax (08) 9387 2945 or email [wendy.hickman@rugbywa.com.au](mailto:wendy.hickman@rugbywa.com.au)

**THIS DOCUMENT WILL BE A TAX INVOICE FOR GST UPON PAYMENT**