



Australian Football Summer Skills Clinic

Registration Form

First Name: _____ **Last Name:** _____

Address: _____

Email Address: _____

Phone Number: _____ **Date of Birth:** _____

Club: _____ **Playing Experience: (Yrs)** _____

Mother's Name: _____ **Father's Name:** _____

Representative Teams

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____
- f) _____

Club Trophies

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Other Trophies/Awards

Signature: _____ **Date:** _____