



Adelaide Comets School of Excellence application form

Term 1 – Commencement Monday 15th February – Monday 4th April 2016

8 sessions – 1.15 hour sessions

My child details are as follows:

NAME: _____

Date of Birth: ____/____/____ **Club/Team** _____

Any medical conditions your child may have that the coaches should be aware of. This information will remain private and confidential:

Parent/Guardian Name: _____

Parent/Guardian Contact No: _____

Parent/Guardian Email: _____

Parent/Guardian Signature: _____

Cost of Term is \$80.00 (\$10.00 per session) paid in full prior to first session.

Payment Options:

- Cheque: payable to Adelaide Comets Football Club (please attach to application form)
- Cash payment
- Direct Debit:
 - BSB: 035-000
 - Account Number: 44 6969
 - Name: Adelaide comets Football Club
 - Reference: SOE (child's name)

Please ensure you attach a receipt of payment to application

NOTE: PAYMENT MUST BE MADE IN FULL PRIOR TO YOUR CHILD ATTENDING THE SCHOOL OF EXCELLENCE