



**Application for Adelaide Comets
School Holiday Clinics
July 18th to July 20th 2016**

Name (s):	
Address:	
Contact Number:	
Email: <small>please print clearly</small>	
Date of Birth:	
Age:	
Current Club:	
Medical Needs or History	
Payment Type: (circle on)	EFT Cheque Cash

Please circle one or more for subsidized fee:

3 day attendee	YES	NO	\$90.00
School of Excellence Attendee	YES	NO	\$80.00
Sibling Discount	2 nd Child		\$60.00
	3 rd Child		\$30.00

Application forms can be downloaded and returned to the canteen at Ellis Park, including payment if paying by Cheque or Cash, in an envelope marked ATTENTION: Doug Paterson, July School Holiday Camp

Or scan and email the completed application form to dof@adelaidecomets.com.au or td@adelaidecomets.com.au

Payment can be made by EFT as follows:

BSB: 035 010

Account Number: 214328

Name: Adelaide Comets Football Club Inc.

Reference: SHC and Applicants Name

e.g. SHC John Smith