



Blue Bandage Polocrosse Membership Registration Form



Please complete the information below

Date; _____

Host Club* ; _____

1. Participants information;

Family name; _____ First name; _____ DOB; ____/____/____

Address; _____

Contact Details; Mobile Phone; _____

Email Address; _____

Emergency Contact; Name _____ (to be contacted in case of emergency)

Mobile Phone: _____

Email Address; _____

2. Blue Bandage Polocrosse;

Fees paid: _____ Practice Day: _____ Carnival: _____

I agree to abide by the rules and regulations of Blue Bandage Polocrosse, in accordance of the rules of Polocrosse Association of Australia.

Signed; _____ Signed (Parent/Guardian if under 18) _____

Host club representative; _____ Position; _____

*It is the host clubs responsibility to register Blue Bandage Polocrosse Players onto the database.

Cash Receipt; Date; _____ Name; _____

Host Club: _____

Amount; _____

Received by; _____

Deposit funds into; Bendigo Bank BSB 633-108/ Account name PAA/ Account number 1080 01959

