Pittwater Sports Centre Pty. Ltd.
ABN: 30 103183348

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Pittwater Sports Centre

Competition Entry Form

Competition Name: _____ Competition Date: _____

Gymnast's Information

Gymnast's Name: _____ DOB: _____ Squad #: _____

Coach's Name: _____ Competition Level: _____

Payment Details

Payment Options *(Entries will not be processed without payment)*

- ☐ Please find enclosed Cheque for amount of $_____
- ☐ Please find enclosed Cash for amount of $_____
- ☐ EFTPOS for amount of $_____
- ☐ Please debit my Credit Card for the amount of $_____

Credit Card Details

☐ Visa ☐ MasterCard ☐ Bankcard

__ __ __ __ / __ __ __ __ / __ __ __ __ / __ __ __ __ **Exp** __ / __

Parent/Guardian Permission

I, _____hereby give permission for my child to compete
(Print Parent/Guardian Name)

in the _____ (Competition) on __ __ / __ __ /_____
(Print Competition Name)

Signed: _____ *(Parent/Guardian)*

Office Use Only

Date Processed: _____ Payment Type: _____ Staff: _____