

EFT REMITTANCE

CLUB _____

PERSON _____

DATE DEPOSITED _____

Description (Please put Club name on Bank Remittance and/or Name of Person's membership)

- | | | |
|--|-----------|----------|
| <input type="checkbox"/> Senior Registration/Insurance | No. _____ | \$ _____ |
| <input type="checkbox"/> Junior Registration/Insurance | No. _____ | \$ _____ |
| <input type="checkbox"/> Student Fee | No. _____ | \$ _____ |
| <input type="checkbox"/> Sub Junior Registration/Ins. | No. _____ | \$ _____ |
| <input type="checkbox"/> Casual Registration/Insurance | No. _____ | \$ _____ |
| <input type="checkbox"/> Associate Member/Insurance | No. _____ | \$ _____ |
| <input type="checkbox"/> Interstate Player Fee | No. _____ | \$ _____ |
| <input type="checkbox"/> Transfer Fee Out of Season | No. _____ | \$ _____ |
| <input type="checkbox"/> Transfer In Season | No. _____ | \$ _____ |
| <input type="checkbox"/> Tournament Levy | | \$ _____ |
| <input type="checkbox"/> Public Liability | | \$ _____ |

Amount: _____

Please select from the list above and tick your item/s. Please insure that you advise the number (No.) of each item that you are paying for and the Total Amount for that item. You must advise which club and your name. Thank you

Deposit to:

Victorian Polocrosse Association

BSB 063-660

Account NO: 10056581

Please ensure you fax this to Anne-Maree Jolly on
03 5342 5028 or email to: annemareejolly@hotmail.com