**PLAYER NOMINATION FORM**

One form per person to be completed and submitted

**Name:**       **Gender: [ ]  Male [ ]  Female**

**Address:**

**Suburb:**       **Postcode:**

**Date of Birth:**       **Phone:**

**Email:**

**PAYMENT SECTION**

| *OFFICE USE ONLY*Financial Member YES / NO Debtor YES / NOEvent Name: 2016 Paralympic 7-a-side Football National ChampionshipsDate Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Received:$ Rec # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Job Code: NA NAT Football Account Code: 4-4200  |
| --- |

Nomination Fee $100 per person

 **TOTAL: $**

[ ] Please send me a Receipt

*Payment Options (Please tick one)*

[ ] **Cash payment** made to the Association office (Please do not send cash in the mail). Payment can also be made at the Brisbane office by EFTPOS

[ ] I authorise the payment from my **levy account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(a/c number)

Name: Date: Signature:

[ ] **Cheque /Money order** enclosed (payable to Sporting Wheelies and Disabled Association)

[ ] **Direct Deposit** to Sporting Wheelies BSB: 034 143 Account: 112275

[ ] Via Internet: please use your surname, state and event as the reference

(eg SMITH B FOOTBALL NAT)

[ ] At a branch: please call 07 3253 3333 and a reference number will be given to you

**Credit Card Payment**

[ ] Please call 07 3253 3333 and your payment will be processed over the phone immediately

**CLASSIFICATION**

[ ]  My Paralympic Football classification is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  I have not been classified. Please give a brief description of your disability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**MEMBERSHIP**

**[ ]** I am a financial member of Sporting Wheelies and Disabled Association

**[ ]** I am a member of the following FQ club or recognised inclusive football program

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DIETARY REQUIREMENTS**

 **[ ]** I have no special dietary requirements

 **[ ]** I have the following special dietary requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT**

Next of Kin       Relationship

Contact Number

**SUPPORTERS**

**[ ]** I have no supporters traveling with me

**[ ]** The following supporter/s are traveling with me, however they do not require flights or accommodation booked on their behalf \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[ ]** I will have the following supporters traveling with me that require flights and/or accommodation booked on their behalf. They have completed a Supporter Nomination Form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_