



SYSC SPONSORSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	FFA ID:	Phone:
Current address:		
Suburb:	State:	Postcode:
Years Played at SYSC:	Last Club Played At (if not SYSC/Or N/A for None):	

PARENT/GUARDIAN INFORMATION

Parent Name:		
Current address:		
Phone:	E-mail:	Mobile:
Suburb:	State:	Postcode:

EMERGENCY CONTACT

Name of a relative not residing with you:		
Address:		Phone:
Suburb:	State:	Postcode:
Relationship:		

SUPPORTING INFORMATION

(Please enter any supporting information to assist the committee in granting this application. As South Yarra Soccer Club is a community club and relies on volunteers, the ability to contribute through volunteering will be looked upon favourably eg. Coaching, team manager, canteen/BBQ)

REFERENCES

Name	Address	Phone

SIGNATURES

I authorise the use of the information provided on this form to register and grant permission for my child to participate in training and matches for the South Yarra Soccer Club. I understand that the acceptance of this application is at the discretion of the South Yarra Soccer Club committee.

Signature of applicant:	Date:
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