



President: Andrew Robertson 0429 008 885
Secretary: Evelyn Stonham 0432 945 237
Treasurer: Jenny Beale 0400 655 939

Registration Details

Player Details

FFA Number: _____
Last Name: _____
First Name: _____
Second Name: _____
Date of Birth: _____ DD/MM/YYYY

Playing History

Previous Football Club: _____
Year Last Played: _____
Team/Age/Division last played: _____

Parent Details

Mother's/Carer's Last Name: _____
Mother's/Carer's First Name: _____
Father's/Carer's Last Name: _____
Father's/Carer's First Name: _____
Street Address: _____
Suburb: _____ Post Code: _____
Mailing Address: _____
Suburb: _____ Post Code: _____
Phone: _____ (h) _____ (mob) _____ (w)
E-mail Address: _____

I, hereby apply for registration for the above named player, whom I am a parent/guardian.
I further apply for membership of Maitland Football Club Inc.
If admitted as a member I agree that we will be bound by the rules of the Club.

Signature of Parent/Guardian/Carer: _____ Date: _____ DD/MM/YYYY

By entering your name in the Signature Field you are agreeing to the Terms and Conditions of Maitland Football Club

6, 7, 8, 9, 10 and 11 years ONLY

SAME TEAM AS (Name): _____

Office Use Only

Photocopy of Birth Certificate received:

Yes/No

Date of Membership: _____ DD/MM/YYYY

Receipt Number: _____

Age Group: _____ years

Team: _____