



REGISTRATION PAYMENT FORM

SOFTBALL

ABN: 98486705288

All correspondence to the Club Secretary, P.O. Box 148 Greenwood WA 6024 Phone 9448 4662

Payment Details:

Player Surname:	Given Names:	Payment Amount
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
TOTAL Registration Fees		\$ _____

Donation **Sponsorship** **Amount** \$ _____



I enclose \$ _____ (in favour of Carine Cats Ball Club Inc.)

Cheque Money Order Cash

OR debit my

ABN: 98486705288

P.O. Box 148 Greenwood WA 6024

Phone 9448 4662

Visa Mastercard Bankcard

If payment by credit card;

Cardholders name: _____

Cardholders number:

Card Expiry date: /

Cardholders signature: _____ Date: ___ / ___ / ___