

PLEASE USE BLOCK LETTER

Child's Name: _____ DOB: ____/____/____

Parent/Guardians Name: _____

Address: _____ Suburb: _____ P/Code: _____

Phone: _____ Mobile: _____

Email: _____

How did you hear about us? _____

SATURDAY - CLASSES STARTING 8th OCTOBER FOR 8 WEEKS

SCHOOL	CLASS	MITE-E (2-3YRS)	PINT SIZE (4-5YRS)	INTRO TO MICRO (5-6YRS)	MICRO (6-8YRS)	MICRO PLUS (8-12YRS)
WISHART STATE SCHOOL COLYWN ST		☐ 8:30- 9:05AM	☐ 8:30- 9:20AM	☐ 8:30- 9:30AM	☐ 8:30- 9:45AM	☐ 8:30- 9:45AM
WELLERS HILL STATE SCHOOL TOOHEY RD		☐ 8:30- 9:05AM	☐ 8:30- 9:20AM	☐ 8:30- 9:30AM	☐ 8:30- 9:45AM	☐ 8:30- 9:45AM
PACIFIC PINES STATE SCHOOL SANTA ISOBEL BLVD		☐ 8:30- 9:05AM	☐ 8:30- 9:20AM	☐ 8:30- 9:30AM	☐ 8:30- 9:45AM	☐ 8:30- 9:45AM
COOMERA SPRINGS STATE SCHOOL OLD COACH RD		☐ 8:30- 9:05AM	☐ 8:30- 9:20AM	☐ 8:30- 9:30AM	☐ 8:30- 9:45AM	☐ 8:30- 9:45AM
TAMBORINE MOUNTAIN STATE SCHOOL CURTIS RD		☐ 8:30- 9:05AM	☐ 8:30- 9:20AM	☐ 8:30- 9:30AM	☐ 8:30- 9:45AM	☐ 8:30- 9:45AM

SUNDAY - CLASSES STARTING 9th OCTOBER FOR 8 WEEKS

SCHOOL	CLASS	MITE-E (2-3YRS)	PINT SIZE (4-5YRS)	INTRO TO MICRO (5-6YRS)	MICRO (6-8YRS)	MICRO PLUS (8-12YRS)
HOLLAND PARK STATE SCHOOL ABBOTTSLEIGH ST		☐ 8:30- 9:05AM	☐ 8:30- 9:20AM	☐ 8:30- 9:30AM	☐ 8:30- 9:45AM	☐ 8:30- 9:45AM
ROCHEDALE SOUTH STATE SCHOOL WENDRON ST		☐ 8:30- 9:05AM	☐ 8:30- 9:20AM	☐ 8:30- 9:30AM	☐ 8:30- 9:45AM	☐ 8:30- 9:45AM
UPPER COOMERA STATE COLLEGE RESERVE RD		☐ 8:30- 9:05AM	☐ 8:30- 9:20AM	☐ 8:30- 9:30AM	☐ 8:30- 9:45AM	☐ 8:30- 9:45AM
BIGGERA WATERS STATE SCHOOL MORALA AVE		☐ 8:30- 9:05AM	☐ 8:30- 9:20AM	☐ 8:30- 9:30AM	☐ 8:30- 9:45AM	☐ 8:30- 9:45AM

COST OF PROGRAM PER TERM	MITE-E (2-3YRS)	PINT SIZE (4-5YRS)	INTRO TO MICRO (5-6YRS)	MICRO (6-8YRS)	MICRO PLUS (8-12YRS)
	☐ \$120	☐ \$135	☐ \$145	☐ \$155	☐ \$155

PAYMENT OPTIONS: CREDIT CARD OR DEBIT CARD, BANK TRANSFER AVAILABLE UPON REQUEST

(Grasshopper Soccer has a NO REFUND Policy)

Credit Card Payment (please circle) ☐ Visa ☐ Master Card

Credit Card Number _____ Expiry ____/____ CCV _____

ADD Grasshopper Soccer Shirt, Shorts & Cap
(Enrollment Special \$60) Size (Please Circle)

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Parent/Guardian Consent:

I hereby authorize Grasshopper Soccer to act on my behalf should my child require medical attention, and release Grasshopper Soccer from any liability for injury incurred by my child at Grasshopper Soccer programs. Photos/Videos of children attending these programs may be used for reasonable promotional purposes by Grasshopper Soccer. ☐

Parent/Guardian Signature: _____



TERM FEE \$ _____

ENROLLMENT SPECIAL \$ _____

TOTAL \$ _____