



After School Program & Registration Form TERM 1 FEB 2020 - 8 WEEKS

☎ 0432 629 501 GRASSHOPPERSOCCER.COM.AU

PLEASE CALL TO REGISTER 0432 629 501 or EMAIL form to david@grasshoppersoccer.com.au

PLEASE USE BLOCK LETTER

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

Parent/Guardians Name: _____

Address: _____ Suburb: _____ P/Code: _____

Phone: _____ Mobile: _____

Email: _____ At completion of class, my child: Gets Collected

How did you hear about us? _____ Goes to Afterschool care

STARTING MON 3rd, TUES 4th, WED 5th, THUR 6th & FRI 7th FEB FOR 8 WEEKS 3:15 to 4:15pm (SPRINGWOOD ROAD 2:45 to 3:45pm)				
DAYS	SCHOOL OVALS	INTRO/MICRO PREP TO YR 2 (✓BELOW)	MICRO/MICRO PLUS YR 2-YR 6 (✓BELOW)	TIME
MONDAYS	MANSFIELD STATE SCHOOL	<input type="checkbox"/>	<input type="checkbox"/>	3:15 - 4:15PM
MONDAYS	NORFOLK VILLAGE STATE SCHOOL	<input type="checkbox"/>	<input type="checkbox"/>	3:15 - 4:15PM
TUESDAYS	MARSHALL ROAD STATE SCHOOL	<input type="checkbox"/>	<input type="checkbox"/>	3:15 - 4:15PM
TUESDAYS	COOMERA SPRINGS STATE SCHOOL	<input type="checkbox"/>	<input type="checkbox"/>	3:15 - 4:15PM
WEDNESDAYS	SPRINGWOOD ROAD STATE SCHOOL	<input type="checkbox"/>	<input type="checkbox"/>	2:45 - 3:45PM
WEDNESDAYS	WILLIAM DUNCAN STATE SCHOOL	<input type="checkbox"/>	<input type="checkbox"/>	3:15 - 4:15PM
THURSDAYS	UPPER MOUNT GRAVATT STATE SCHOOL	<input type="checkbox"/>	<input type="checkbox"/>	3:15 - 4:15PM
THURSDAYS	OXENFORD STATE SCHOOL	<input type="checkbox"/>	<input type="checkbox"/>	3:15 - 4:15PM
FRIDAYS	JUNCTION PARK STATE SCHOOL	<input type="checkbox"/>	<input type="checkbox"/>	3:15 - 4:15PM
COST OF PROGRAM		\$110	\$110	

PAYMENT OPTIONS: CREDIT CARD OR DEBIT CARD

(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
(Combo Special \$55) Size (Please Circle)

XXS XS S M L



ADD MEDAL &
TEAM PHOTO (\$10)

ADD CARNIVAL (\$10)

TERM FEE	\$	_____
COMBO SPECIAL	\$	_____
MEDAL & TEAM PHOTO	\$	_____
CARNIVAL	\$	_____
TOTAL	\$	_____

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: _____