



Everyone plays a part.

COME AND TRY RUGBY REGISTRATION FORM

Come and Try Rugby Centre: _____

Parent Information

MR/MRS/MISS/MS _____

ADDRESS _____

SUBURB _____ STATE _____ P'CODE _____

PHONE (H) _____ PHONE (W/M) _____

EMAIL _____

CHILD A

NAME _____

SEX _____
DOB _____ AGE _____

SCHOOL _____

Medical Conditions or Allergies:

CHILD B

NAME _____

SEX _____
DOB _____ AGE _____

SCHOOL _____

Medical Conditions or Allergies:

