

Lochinvar Rovers Football Club Inc.

PO Box 6 LOCHINVAR, NSW 2321

ABN: 93 903 831 804

www.lochinvarfc.com.au



LRFC.FRM.009

REGISTRATION PART PAYMENT PLAN

PARENT/LEGAL GUARDIAN DETAILS (Not required if 18+)

Given Names: _____ Family Name _____

Email: _____ Phone: _____

PLAYER 1 (Required)

Player Name: _____ FFA Number: _____

Team/Age Group: _____ Rego Fee: _____

PLAYER 2

Player Name: _____ FFA Number: _____

Team/Age Group: _____ Rego Fee: _____

PLAYER 3

Player Name: _____ FFA Number: _____

Team/Age Group: _____ Rego Fee: _____

REGISTRATION FEE STRUCTURE 2020

5 – 7 Years Old	HVF/NNSWF Fee: \$70.00	LRFC Fee: \$70.00	TOTAL: \$140.00
8 – 11 Years Old	HVF/NNSWF Fee: \$90.00	LRFC Fee: \$70.00	TOTAL: \$160.00
12 – 18 Years Old	HVF/NNSWF Fee: \$110.00	LRFC Fee: \$90.00	TOTAL: \$200.00
Senior Amateur	HVF/NNSWF Fee: \$205.00	LRFC Fee: \$115.00	TOTAL: \$320.00
Zone League	HVF/NNSWF Fee: \$205.00	LRFC Fee: \$45.00	TOTAL: \$250.00

Agreed amount paid to LRFC for the registration of the outlined players: \$ _____ Frequency: **Fortnightly**
Maximum 3-month plan.

I, the **Parent/Legal Guardian/Player** of the outlined child/children understand the policy (LRFC.FRM.009) and terms of this payment plan and will pay the amount at the frequency outlined above. I will notify the Executive Committee of any unfinancial or bad credit history prior to signing this agreement.

Name: _____ Date: _____ Signed: _____

By signing this, the Treasurer and President have consulted the Executive Committee and deem the application approved.

Treasurer: _____ Date: _____ Signed: _____

President: _____ Date: _____ Signed: _____

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