

Player Registration Form



MR. MRS. MISS. MS.

Surname: _____ Given Name: _____

D/O/B: ___/___/___ Player #: _____ (Staff Only)

Residential Address: _____

Suburb: _____ State: _____ Postcode: _____

Home Phone Number:() _____ Mobile: _____

Email: _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

The Capalaba Sports Club is bound by the Queensland Club industry privacy code and is committed to the privacy of your personal information supplied to this form. The club will use the information to provide its facilities and services to you and also plan new and improve existing ones. This includes sending you club promotional materials and offers. If you don't wish to receive promotional materials, please tick this box:

Upon signing this document you agree to adhere to the rules and regulations established by the Capalaba Sports Club. Patrons who fail to do so may be removed from the venue and prohibited from playing future Capalaba Millions events.

Signature: _____ Name: _____

Date: ___/___/___