



Futsal SA Registration Invoice

Futsal SA
97 Graves Street
NEWTON 5074 SA

- **FFA Number:** _____ **Date:** _____
- **Name (print clearly):** _____
- **Address (print clearly):** _____
_____ **State:** _____
- **Open Men - Wednesday Night Season 2 (Jan - June)**

Registration Futsal SA Fees

Open Men - Wednesday Night	Senior Futsal	\$ 60.00
INVOICE TOTAL (incl. GST of AU\$ 5.45)	TOTAL DUE	\$ 60.00

- **Amount Paid (cash only)** \$ _____
- **Payment Status (office use only) PAID y/n**

Please remit payment of this invoice to complete your registration.

FUTSAL SA RESERVES THE RIGHT TO REMOVE AND/OR SUSPEND ANY PLAYER FOR ANY BREACH OF THE CODE OF CONDUCT.

By signing this document I acknowledge I have read and agree to abide by conditions stated in the Futsal SA Code of Conduct, Futsal SA Local Comp Rules and the Competition Guidelines.

- **SIGNED:** _____