



Confidential Application <b>SDSA PLAYER/OFFICAL SPONSORSHIP APPLICATION FORM</b>		
<ul style="list-style-type: none"> <li>• SDSA WILL GIVE PLAYERS 10% OF THE PLAYER / OFFICAL LEVY IF SUCCESSFUL.</li> <li>• PLAYERS MUST APPLY PRIOR TO THE EVENT NO PAYMENT WILL BE MADE RETROSPECTIVELY.</li> <li>• PLEASE ATTACH A COPY OF YOUR PLAYER / OFFICIAL LEVY LETTER / INVOICE TO THIS FORM</li> </ul>		
PLAYER / OFFICIAL DETAILS		
Name:		
E-mail:		Mobile:
Address:		
City:	Post code:	Date of birth:
Years of membership with SDSA:	Current Club:	
PARENT / GUARDIAN INFORMATION (IF UNDER 18)		
Name:		
E-mail:		Mobile::
I HAVE BEEN SELECTED TO PLAY / OFFICIATE IN:		
State Team	Team:	Year:
Australian Team	Team:	Year:
Australian U15 Regional Team	Team:	Year:
<b>OTHER:</b>		
Details:	Team:	Year:
IF SUCCESSFUL PLEASE MAKE PAYMENT TO:		
<b>Please circle preferred payment method</b>		
Cheque:	Made payable to:	
Direct Deposit to the following Bank A/c:		
Bank:	BSB:	A/c No:
Direct to team – see payment details on attached invoice		
Please sign below and ensure you have included a copy of letter / invoice and return to The Secretary, SDSA at <a href="mailto:fastpitch@bigpond.com">fastpitch@bigpond.com</a> or P.O. Box 3153 Westfield Liverpool NSW 2170		
Signature of applicant		Date
Signature of Parent/Guardian (if under 18)		Date