

Western Australian Volleyball Association Inc.

180 Charles Street, West Perth WA 6005 PO Box 133, Leederville WA 6903
Ph: (08) 9228 8522 Fax: (08) 9228 8533 Email: wason@volleyballwa.com.au



Department of Sport and Recreation



**LEVEL 1 COACHING COURSES – 2011
NOMINATION FORM/TAX INVOICE**

Volleyball WA ABN: 49 39 746 7169

PLEASE COMPLETE FORM IN BLOCK LETTERS (ALL FIELDS NEED TO BE COMPLETED)

COURSE DATE: _____

NAME: _____

ADDRESS: _____

SUBURB: _____ **POST CODE:** _____

CONTACT PHONE NUMBER 1: _____

CONTACT PHONE NUMBER 2: _____

EMAIL: _____

PAY BY: Cheque Cash Credit Card

Amount Enclosed: \$ Visa MasterCard Credit card incurs 4% bank fee

Card Name:

Card Number:/...../...../..... Expiry Date: /.....

Signature:

Direct Debit: Volleyball WA Commonwealth Bank BSB: 066106 A/C #: 902237

Please return the completed nomination form and accompanying payment to:

Volleyball WA
PO Box 133
Leederville, WA 6903

or email wason@volleyballwa.com.au

REGISTRATIONS CLOSE WEDNESDAY 4th MAY 2011 5:00PM