

**Western Australian Volleyball Association Inc.**

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Department of  
Sport and Recreation



**alcohol**  
**thinkagain**

**LEVEL 1 REFEREE COURSES – 2012  
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](mailto:wason@volleyballwa.com.au)

**REGISTRATIONS CLOSE 12.00PM WEDNESDAY BEFORE THE COURSE**