

A Great Way To Be Part Of Your Community.....!

Young Men 14 - 18 yrs

Living in Auburn LGA or Central Western Sydney



Do you like to play soccer.....?

Are you a member of your local soccer club?

We can help you join your local community soccer club.....!

We will pay your club registration fees for 2012.

Hurry , places are limited.....!

Contact reception at Auburn Diversity Services Inc,

17 Macquarie Road, Auburn NSW 2144

For more information on **Tel:** (02) 9649 6955 or

Michael on **Mobile:** 0404 868 650

Email: Michael@auburndiversity.org.au



SPORTS
WITHOUT BORDERS
we're all on the same team



Expression of Interest Form

Please fill out the form and return to Auburn diversity Service (ADSi) by Friday 17th February 2012
For more information please contact Michael on 9649 6955 or mobile 0404 868 650

Target Group: Young Men 14 – 18 yrs

Parent/Guardian or Participant to complete the section below by providing required information. Please note that all information provided is used for project work only. Information is kept confidential and will not be given to others without your consent, unless in an emergency.	
Full Name	
Date of Birth	
Gender/Sex	
Street Address	
Suburb	
Post Code	
Home Phone Number	
Cultural Background	
Date arrived in Australia	
Visa sub-class	
Are you currently registered with a local soccer club? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide club name and contact details of representative:	
What are your goals for soccer: Please write in the box below	
Refreshment: Please tick if required:	
<input type="checkbox"/> Halal Food <input type="checkbox"/> Vegetarian Food <input type="checkbox"/> Other dietary requirements	
Emergency contact person name	
Emergency contact phone number	
For the use of Photographs, Arts, work, audio, video, writing or electronic media by the Auburn Diversity Services. Please tick below	
<input type="checkbox"/> I do	
<input type="checkbox"/> I do not (give permission for photographs featuring myself or my child being used).	
I give permission for my son/daughter to attend the above activity and release the Auburn Diversity Services Inc and its affiliates, organisers/volunteers from any liability thereof.	
Name of Parent/guardian:	
Please print	
Signature of parent/guardian:	