



CLUB INFORMATION FORM

Club Name:

Year:

Clubhouse / Ground Address:

Club Postal Address:

Club Phone No.:

Club Colours/Jumper Design:

Club Club Home Shorts Colour:

Club Socks Colour:

PRIMARY CLUB CONTACT

(this person will receive all SANFL Juniors communications and is responsible for forwarding to necessary club personnel)

Name:

Position:

Phone No.:

Mobile Phone No.:

Email Address:

PRESIDENT/CHAIRPERSON

Name:

Address:

Mobile Phone No.:

Email Address:

VICE PRESIDENT

Name:

Address:

Mobile Phone No.:

Email Address:

Form to be completed and returned to
SANFL Juniors, PO Box 606 Tynte Street North Adelaide SA 5006
or sanfljuniors@sanfl.com.au

SECRETARY

Name:

Address:

Mobile Phone No.:

Email Address:

TREASURER

Name:

Address:

Mobile Phone No.:

Email Address:

REGISTRAR

Name:

Address:

Mobile Phone No.:

Email Address:

AUSKICK CO-ORDINATOR

Name:

Address:

Mobile Phone No.:

Email Address:

COACHING CO-ORDINATOR

Name:

Address:

Mobile Phone No.:

Email Address:

CLUB DELEGATE

Name:

Address:

Mobile Phone No.:

Email Address:

PROXY DELEGATE

Name:

Address:

Mobile Phone No.:

Email Address:

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