



APPLICATION FOR STUDENT DISCOUNT

Winston Hills Football Club

PO Box 15 WINSTON HILLS 2153

Phone: 0418 634 287

Email: secretary@whsc.com.au

APPLICANT (Over 18)

NAME

PHONE

EMAIL

REGISTERED PLAYER

NAME

AGE GROUP

ENROLLED/STUDYING AT:

(Please provide a clear copy of your student ID)

I, the Applicant, wish to apply for a refund of the Student Discount from Winston Hills Football Club based on the above registered player.

I would like the refund paid to the following account:

BSB

ACC #

ACC NAME

SIGNATURE OF APPLICANT

DATE

CLUB USE ONLY:

REFUND AMOUNT

APPROVED BY

PAYMENT DATE

PAYMENT DETAILS