For office use only:

a/c: _____ Course Amount:: $ _____ Receipt No.. _____Date: _____

FOOTBALL NSW LIMITED **A.B.N. 25 003 215 923**
Address: 235-257 Meurants Lane, **Glenwood** NSW 2768
Postal Address: PO Box 6146
Baulkham Hills Business Centre NSW 2153
Phone: 02 88144400 Fax: 02 96293770
Email: futsal@footballnsw.com.au Web: www.footballnsw.com.au

FUTSAL LEVEL ONE: A Football Federation Australia Limited accreditation course

Cost= $99

FUTSAL LEVEL TWO: A Level Two accreditation course for candidates who have successfully completed the Futsal Level One course and have shown ability or potential to coach at a Senior Level

Cost= $220.00

ALL COURSES WILL BE HELD AT VALENTINE SPORTS PARK, GLENWOOD. NUMBERS ON COURSES ARE LIMITED SO APPLICATIONS WILL BE ON A FIRST COME FIRST SERVED BASIS. CANDIDATES NOT ACCOMMODATED ON A PARTICULAR COURSE WILL BE OFFERED AN ALTERNATE COURSE AS SOON AS IS FEASIBLY POSSIBLE
(ALL FEES GST INCLUSIVE)

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LICENCE REGISTRATION

I wish to attend the following course/s:- ******PLEASE ENCLOSE FEE**** RECEIPTS ONLY GIVEN ON REQUEST**
Futsal Level One - Futsal Level Two
(Draw a circle around the course/s you wish to attend)

Venue:.....Date of Course/s:.....

Surname:..... First Name: ..... Address.....

Suburb: ..... P/C: ..... Email:: ..... **please print**

Date of Birth:.....Phone (H):.....(B).....(M):.....

Coaching Experience:.....

Other Courses Attended:.....

Course: .....Date: ..... Venue: .....

Course: .....Date: ..... Venue: .....

Football Federation Australia Licence:.....Accreditation No: ..... Expiry Date: .....

I hereby agree and acknowledge that I shall indemnify and will at all times hereafter indemnify and keep Football N.S.W. fully indemnified from and against all actions, suits, causes or actions, proceedings, demands, costs and expenses whatsoever which may be taken or made against Football NSW or incurred or become payable by Football NSW in connection with or arising out of any such injury, illness or mishap to me or my property or any disciplinary action ordered at or against or directed at me except where any such injury, illness or mishap to me or my property arises from or as a consequence of any wilful or grossly negligent acts or omissions of the Football NSW arising from these coaching courses.

For the purpose of this clause, "Football NSW" shall mean and include Football NSW, its members and executive, officials, coaches, medical practitioners, sports scientists, therapists and members of the team, any independent contractor from time to time employed by Football NSW or any voluntary worker carrying out honorary or unpaid duties for Football NSW.

Information on this form is entered onto the National Coaching Accreditation Scheme (NCAS) or the National Officiating Accreditation Scheme (NOAS) and Football Federation Australia (FFA) Limited databases of registered coaches or officials maintained by the Australian Sports Commission (ASC) in conjunction with FFA. Database information is passed on to relevant State Federations and State Sport Education Centres. Coaches or officials will be sent relevant up-to-date information and may be contacted by the ASC. Your information will not be used or disclosed except in accordance with the provisions of the Privacy ACT 1988".

Coach's Signature:..... Date:.....

Please Charge My: ____Amex ____Mastercard ____Bankcard _____ Visa (use all boxes)

A credit card surcharge will apply: Visa Card & Mastercard 1.5%, Amex 2.5%

Expiry Date:...../..... Card Holder's Name:..... Signature:.....

For office use only

CODE: LEV1	**Level One:**	**$99**
CODE: LEV 2	**Level Two:**	**$220**

Amount:: $_____

Surcharge: $_____

Total: $_____