



GWHFNC Payment Plan

Participant Information

Player First Name _____

Last Name _____

Mobile _____

Email _____

Sport / Division _____

Eg – Football/Netball – Division 3 or D

Payment details

Membership Fee \$ _____

Installments \$ _____

Frequency of payment _____ Start / End Date(s) _____

Name of Parent/Player _____

Signature _____