

# 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:

**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:

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