



SCG XI

LIVE YOUR CRICKET DREAMS

APPLICATION FORM

Name: _____ Date of Birth: _____

SCG Trust Member Card #: _____

Phone (H): _____ (W): _____ (M): _____

Email: _____

PLAYING MEMBERSHIP

Are you a current player? Yes No

If Yes, Club: _____ Grade: _____

If No, Past Club/s: _____ Grade: _____

NON-PLAYING MEMBERSHIP

As well as enjoying our games and events, would you be interested in: (please tick)

Team Managing Umpiring Scoring Other Assistance

PAYMENT

I hereby apply to join the SCG XI and enclose my payment of:

\$150 playing member \$55 non-playing member

I agree, if elected, to be bound by the rules and regulations of SCG XI.

Signed _____

Mastercard Visa American Express

Card Number / /

Expiry Date /

CVC

Signature: _____ Date: _____

Place completed form in the reply envelope provided.

For further details:

Nick Govers
(02) 9380 0331
ngovers@scgt.nsw.gov.au
SCG XI, GPO Box 150,
Sydney NSW 2001

