

## Carlingford Redbacks Registration Payment Form

Please fill in the information below and post it together with the signed Re-Registration form and your payment to PO Box 2279 Carlingford NSW

If you are paying for more than the player named above, please write the names of all the players that are included in your payment:

1 .....

2 .....

3 .....

**If you wish to pay by credit card please fill in the following information.  
We do not accept Amex or Diners Club cards.**

Card Type:      Visa      Mastercard      Bankcard      Expiry      .....  
(please circle)

Name on Card:      .....      Amount \$      .....

Card Number:      .....

Signature for Card: .....