

## PERSONAL INFORMATION

Full Name:				
Address:				
City:		State/Province:		
Zip/Postal Code:		Country:		
Phone Number:		Email Address:		
FAMILY DETAILS OPTION 2				
Full Name:			Age:	
Full Name:			Age:	
Full Name:			Age:	
	Option 1		Option 2	
Single adult yearly membership: \$60.00		<u>Family yearly membership: \$100.00</u> Same household 2 Adults and children		
• Eligibility for QFFT tournaments		<ul><li>16 and under participate in junior level.</li><li>Eligibility for QFFT tournaments</li></ul>		
Valid for 1 year: 01.01.2025-01.01.2026		Valid for 1 year: 01.01.2025-01.01.2026		
Choose Optio	n: OPTION 1 OF	PTION 2		
Payment Metl	nod: O CASH O ONLIN	E		
_	pership form to the first briefing o		•	•

Please bring membership form to the first briefing of the first tournaments you attend or please email it to us. If you are paying cash please make payment at the first briefing you attend, payment must be made before participating in any tournaments. Over the age of 16 and up is classed as an adult, if 16 and under do not wish to participate in juniors and wish to partake in adults they will need to pay the adult membership.

Phone: 0428 775 308