

SPORTY GIRLZ

Overview

Sporty Girlz is an extra mural activity for girls aged 3 - 8 years. The programme focuses on both Netball & Field Hockey. Our programme focuses on the individual skills development for both sports within a team environment.



Coaching

Sporty Girlz will coach your child at her pre or primary school once a week for a 30 minute structured lesson.

BANK DETAILS: NEDBANK

Kimberley - 14090200

Acc No - 116 969 9510

Reference - Initial, surname & school

Contact - Tinkie Smal 082 956 9994

Email - tinkie@sportygirlz.co.za



www.sportygirlz.co.za

SPORTY GIRLZ

Enrolment form

Name & Surname of child: _____

Date of Birth: _____ Class/Teacher: _____

Name of School: _____ Grade: _____

Father's Name: _____ Cell: _____

ID no: _____ Tel (daytime) _____

E-mail:

Mother's Name: _____ Cell: _____

ID no: _____ Tel (daytime) _____

E-mail:

Any other information Sporty Girlz should take note of, eg allergies etc.

Payment Options

Debit order, internet transfer or cheque payments, payable in advance on or before The 7th of each month or within 7 days of the new school term.

ALL DEFAULTS ON PAYMENTS WILL BE REPORTED TO CREDIT BUREAUS.

Registration: R120

Monthly payment option: R200 per month - February to November

Quarterly payment option: R500 per quarter - x 4 quarters

* Registration fee must be included with first payment.

Please Note:

Membership works on an annual (year to year) basis
- One months written notice is required to cancel membership.

I _____, understand the terms and conditions

Signature: _____ Date: _____

STRATCOL USER NO: 7985
 STRATCOL USER NAME: SPORTY GIRLZ
 STRATCOL ABBREVIATED NAME: SPORTY GIRLZ
 STRATCOL PHYSICAL ADDRESS:
 71 ROMNEY AVE, CHARTWELL, JOHANNESBURG
 EMAIL: info@sportygirlz.co.za



TEL: 079 502 8367
 FAX: 011 480 0545

DEBIT ORDER AUTHORISATION

ACCOUNT HOLDER (DEBTOR) INFORMATION:

ID Number / Registration Number: _____ Name & Surname / Company Name: _____

Address: _____ Code: _____

Contact Details: _____ (Home) _____ (Mobile) _____ (Work)

If Company / CC, Name of Person(s) signing this: _____

Account Holder Name: _____ Bank: _____

Branch / Code: _____ Account Number: _____

Account Type: CURRENT SAVINGS TRANSMISSION OTHER If "Other" supply details: _____

COLLECTION INSTRUCTION: Variable amounts:

Once off Annual Registration Fee: R120.00* (must be included with first payment) Annual Fee: R2000

Payment options: Monthly Payments: R200 x 10 or Quarterly Payments: R500 x 4

<input type="checkbox"/>	JAN	R	<input type="checkbox"/>	JUL	R
<input type="checkbox"/>	FEB	R	<input type="checkbox"/>	AUG	R
<input type="checkbox"/>	MAR	R	<input type="checkbox"/>	SEP	R
<input type="checkbox"/>	APR	R	<input type="checkbox"/>	OCT	R
<input type="checkbox"/>	MAY	R	<input type="checkbox"/>	NOV	R
<input type="checkbox"/>	JUN	R	<input type="checkbox"/>	DEC	R

Date of first deduction: ____/____/20____ Deduction day in the month: ____

I / We, the above mentioned and undersigned, hereby authorise StratCol to collect by debit order from the above mentioned bank account, all amounts due in terms hereof and to pay same to the Stratcol User above. **Abbreviated Name/ Bank Statement Reference : "SPORTYGIRLZ"**

(I confirm that I / we are the person(s) with signature authority as registered with my / our bank).

SIGNATURE (1): _____ SIGNATURE (2): _____ DATE: _____

AGREEMENT

I / We hereby authorise STRATCOL to issue and deliver payment instructions to my / our banker for collection against my/our abovementioned account at my/our abovementioned bank. The individual payment instructions so authorised to be issued, must be issued and delivered according to the abovementioned interval on the date when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not differ as agreed to in terms of the Agreement. The payment instructions so authorised to be issued, must carry a number, which number must be included in the said payment instruction and if provided to me / us, should enable me / us to identify the agreement on my / our bank statement. The said number should be added to this form on page 1 under client reference number, before the issuing of any payment instruction and communicated to me / us directly after having been completed by me / us. I / we agree that the first payment instruction will be issued and delivered as per collection instruction. In the event of the relevant account not having sufficient cleared funds to meet any debit, I am aware that an unpaid fee will be debited against my account by the bank and an additional unpaid fee will be charged by Sample relating to the return of the debit. I accept the responsibility to ensure sufficient cleared and available funds to the minimum of the limit above (or as amended from time to time). If however, the date of the payment instruction falls on a non-processing day (weekend or public holiday), I / We agree that the payment instruction may be debited against my / our account on the following or previous business day.

MANDATE

I / we acknowledge that all payment instructions issued by the Stratcol User shall be treated by my / our abovementioned bank as if the instructions had been issued by me / us personally.

CANCELLATION

I / we agree that although this authority and mandate may be cancelled by me / us, such cancellation will not cancel the Agreement. I / we also understand that I / we cannot reclaim amounts, which have been withdrawn from my / our account (paid) in terms of this authority and mandate if such amounts were legally owing to the Stratcol User. One calendar months notice is required by the Sporty Girlz Office (info@sportygirlz.co.za).

ASSIGNMENT

I / we acknowledge that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party.

SIGNED AT _____ ON THIS _____ DAY OF _____ 20____.

SIGNATURE(S) AS USED FOR OPERATING ON THE ACCOUNT (1) _____ (2) _____

SPORTY GIRLZ



HOCKEY AND NETBALL FOR GIRLZ

