2017 SPORTS VOUCHER

ONE VOUCHER FOR EVERY PRIMARY SCHOOL AGED CHILD



PER CALENDAR YEAR My child is currently attending or is eligible to attend primary school in 2017: Child first name: Family name: Gender: M Suburb: Postcode: Child date of birth: Street address: OR Australian visa number: Medicare number: _____ Family name:_ Parent/Guardian first name:_____ Contact number: Member of a sports club prior to using voucher: Y I confirm my child has not already claimed a voucher in 2017: Aboriginal or Torres Strait Islander: Culturally and linguistically diverse background: Y To be presented at an approved Sports Voucher provider. To find your nearest provider or for more information **Government of South Australia** please visit www.sportsvouchers.sa.gov.au. Not redeemable for cash, only a discount to membership/registration fees. Redemption value not to exceed \$50.00. In presenting this voucher I give permission to the Sports Voucher Office for Recreation and Sport provider to share my information with the Office for Recreation and Sport and consent to being contacted for a

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