



CALISTHENICS ASSOCIATION OF WA (INC) CLUB PAYMENT ADVICE FORM

This form must be completed for every payment. If making a Bank Transfer, please complete and forward as soon as possible following the transaction.

Email this Payment Advice Form to:

Administration Officer
Email: info@calisthenicswa.com.au

Club: _____ Club Official: _____

Date: _____

Amount: \$ _____

For payment of: _____ (insert details of Payment i.e. Invoice, Affiliations, etc)

COMP / CONCERT ENTRIES	AMOUNT	QTY	TOTAL
Graceful			
August Competition			
State Championships			
Solo/Duo			
Future Stars			
OTHER	Details		TOTAL
Invoice Number			
Invoice Number			
Cali Skills – Please supply full details			
	PAYMENT	TOTAL	\$

DIRECT DEPOSIT DETAILS

BSB No. 016 267
Account No. 4220 58704
Calisthenics Association of WA