

SPORTS VOUCHERS

ONE VOUCHER FOR EVERY
PRIMARY SCHOOL AGED CHILD
PER CALENDAR YEAR

Child first name: _____ Family name: _____ Gender: M F

Child street address: _____ Suburb: _____ Postcode: _____

Child date of birth: _____ My child is of primary school age: Y N

Medicare number: _____ OR Australian Visa number: _____

Parent/Carer first name: _____ Family name: _____

Parent/Carer contact number: _____

Used a voucher this calendar year: Y N Member of a sports club prior to using voucher: Y N

Aboriginal or Torres Strait Islander: Y N Culturally and linguistically diverse background: Y N

To be presented at an approved Sports Voucher provider. Not redeemable for cash. Redemption value not to exceed \$50.00. In presenting this voucher I give permission to the Sports Voucher provider to share my information with the Office for Recreation & Sport. To find your nearest provider or for more information please visit www.sportsvouchers.sa.gov.au



Government of South Australia
Office for Recreation and Sport

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