



WA WATER POLO REFEREE DETAILS

Full Name and Level of accreditation		
Home Address		
Telephone	Home	
	Mobile	
	Facsimile	
Date of Birth		
Next of Kin	Name	
	Address	
	Telephone	
	Mobile	
	Relationship	
Commencement Date		
Tax File Number		
Bank Account Details for Payment of Salary	Bank Name	
	BSB No.	
	A/C No.	
	A/C Name	
Signed	Referee	Date

Return to WA Water Polo:

wawpolo@ozemail.com.au

PO Box 458
Claremont WA 6010

Fax: 9387 8018