

ONE VOUCHER FOR EVERY PRIMARY SCHOOL AGED CHILD PER CALENDAR YEAR

My child is currently attending or is eligible to attend primary school in 2016: Y N				
Child first name:	Family name:	Gender: M F		
Child date of birth: Street address	s:Suburk	o:Postcode:		
Medicare number: Ref. no. OR Australian visa number:				
Parent/Guardian first name:	Family name:			
Contact number:				
Have you already claimed a voucher for 2016: Y	N Member of a sports clu	ub 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. To find your nearest provider or for more information 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 provider to share my information with the Office for Recreation and Sport. Government of South Australia Office for Recreation and Sport				

SPORTS VOUCHERS

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Child date of birth:	Street address:	Suburb:	Postcode:	
Medicare number:	R	def. no. OR Australian visa number:_		
Parent/Guardian first name:	Family name	2:		
Contact number:				
Have you already claimed a voucher fo	or 2016: Y N	Member of a sports club prior to using	g voucher: Y N	
Aboriginal or Torres Strait Islander:	Y . N	Culturally and linguistically diverse ba	ckground: Y N	

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