



# z star award request form

Date	
Name of Club	

**TYPE OF AWARD:**

<input type="checkbox"/> Soccer	<input type="checkbox"/> Australian Rules Football	<input type="checkbox"/> Netball
<input type="checkbox"/> Tennis	<input type="checkbox"/> Cricket	<input type="checkbox"/> Basketball
<input type="checkbox"/> Martial Arts	<input type="checkbox"/> Dance	<input type="checkbox"/> Other

Number of registered participants: 12 Years and under		Number of registered participants 13+	
Person Requesting Awards:			
Email:			
Contact No.			
Mailing Address:			

Please email this PDF to [zstaraward@zagames.com.au](mailto:zstaraward@zagames.com.au)

Office use only:

# of Awards sent:	
Date:	
Sent by:	