

**Event Selection** (C= Classic or Cup Event)

<input type="checkbox"/> State Team Trial 1 (C).....	<b>\$55</b>	<input type="checkbox"/> State Team Trial 2 (C).....	<b>\$55</b>	<input type="checkbox"/> State Pennant (C).....	<b>\$50</b>
<input type="checkbox"/> Victorian Championships.....	<b>\$70</b>	<input type="checkbox"/> Other (Please Specify) .....	<b>\$</b>		

**Club Information**

Club Details:	Club Name: _____	Club iMIS ID #: _____
Contact Details:	Contact Person: _____	Phone: _____ Email: _____

**Personnel Information**

Coach 1	Name: _____	Surname: _____	Tech ID #: _____	Accred. Level: _____
Coach 2	Name: _____	Surname: _____	Tech ID #: _____	Accred. Level: _____
Judge	Name: _____	Surname: _____	Tech ID #: _____	Accred. Level: _____
	Email: _____			
Volunteer (1 per 1-10 Athletes)	Name: _____	Surname: _____	Preferred Position: _____	Email: _____

**Athlete Information**

Level Selection     Level 1     Level 2     Level 3     Level 4     Level 5     Level 6     Level 7     Level 8     Level 9     Level 10

Division Selection     L1-3 Group     L1-3 Pair     Women's Pair     Men's Pair     Mixed Pair     Men's/Women's Group

Athlete ID #	First Name	Surname	DOB	Position (Base/Middle/Top)	Cost	Photo Consent
1					\$	
2					\$	
3					\$	
4					\$	
5					\$	
6					\$	
7					\$	
8					\$	
9					\$	

Payment Details ⇨     Cash     Cheque     Direct Credit     Credit Card

Total ⇨    \$