

Event Selection

AEROSkools Championships **\$78** (per team)

School Information

School Details: School Name: _____
 Postal Address: _____
 Contact Details: Contact Person: _____ Phone: _____ Email: _____

Personnel Information

Coach 1 Name: _____ Surname: _____ Tech ID #: _____ Accred. Level: _____
 Phone: _____
 Coach 2 Name: _____ Surname: _____ Tech ID #: _____ Accred. Level: _____
 Phone: _____

Athlete Information

Junior (7 – 10 years)			Intermediate (11 – 13 years)			Senior (14 – 17 years)		
<input type="checkbox"/> Level 1 Trio	<input type="checkbox"/> Level 1 Group	<input type="checkbox"/> Level 1 Trio	<input type="checkbox"/> Level 1 Group	<input type="checkbox"/> Level 1 Trio	<input type="checkbox"/> Level 1 Group	<input type="checkbox"/> Level 1 Trio	<input type="checkbox"/> Level 1 Group	<input type="checkbox"/> Level 1 Group
<input type="checkbox"/> Level 2 Trio	<input type="checkbox"/> Level 2 Group	<input type="checkbox"/> Level 2 Trio	<input type="checkbox"/> Level 2 Group	<input type="checkbox"/> Level 2 Trio	<input type="checkbox"/> Level 2 Group	<input type="checkbox"/> Level 2 Trio	<input type="checkbox"/> Level 2 Group	<input type="checkbox"/> Level 2 Group
<input type="checkbox"/> Level 3 Trio	<input type="checkbox"/> Level 3 Group	<input type="checkbox"/> Level 3 Trio	<input type="checkbox"/> Level 3 Group	<input type="checkbox"/> Level 3 Trio	<input type="checkbox"/> Level 3 Group	<input type="checkbox"/> Level 3 Trio	<input type="checkbox"/> Level 3 Group	<input type="checkbox"/> Level 3 Group

Athlete ID #	First Name	Surname	DOB	Team Name (If Applicable)	Cost	Photo Consent
1					\$	
2					\$	
3					\$	
4					\$	
5					\$	
6					\$	
7					\$	
8					\$	
9					\$	
10					\$	
11					\$	
12					\$	

Payment Details ⇨ Cash Cheque Direct Credit Credit Card

Total ⇨