

Event Selection

<input type="checkbox"/> State Team Trial 1.....	\$50	<input type="checkbox"/> State Team Trial 2.....	\$50	<input type="checkbox"/> Qualifier (L2-5).....	\$50
<input type="checkbox"/> Victorian Championships.....	\$88	<input type="checkbox"/> 10 Activity (State Pennant).....	\$22	<input type="checkbox"/> Other (Please Specify)	\$

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:
Volunteer	Name:	Surname:	Preferred Position:	
(1 per 1-10 Athletes)	Phone:		Email:	

Athlete Information

Level Selection Under Open 0 1 2 3 4 5 6 7 8 9 10 SNR

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

Payment Details ⇨ Cash Cheque Direct Credit Credit Card

Total ⇨ \$