

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 ⇨ \$