

Event Selection

<input type="checkbox"/> State Team Trial 1.....	\$50	<input type="checkbox"/> State Team Trial 2.....	\$50	<input type="checkbox"/> Snr. Victorian Championships.....	\$80
<input type="checkbox"/> Jnr. Victorian Championships	\$70 (L1-3 per team, L4-6 per athlete)	<input type="checkbox"/> State Pennant.....	\$75 (per team)	<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:
Judge	Name:	Surname:	Tech ID #:	Accred. Level:
	Email:			
Volunteer (1 per 1-10 Athletes)	Name:	Surname:	Preferred Position:	
	Phone:		Email :	

Athlete Information

National Levels	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
International Levels	<input type="checkbox"/> St1	<input type="checkbox"/> St2	<input type="checkbox"/> St3	<input type="checkbox"/> St4	<input type="checkbox"/> JNR	<input type="checkbox"/> SNR				
State Pennant	<input type="checkbox"/> 5-8yrs	<input type="checkbox"/> 9-10yrs	<input type="checkbox"/> Open							

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 ⇨ \$