

TRIALING FORM ONLY

<u>TRIALING FORM</u>		WEST MET X C CLUBS	
SURNAME	FIRST	INT	
POSTAL ADDRESS	SUBURB	Post Code	
HOME PHONE	MOB		
Email	@		
DOB > > > DAY.....	MONTH	YEAR	
GEN >>>> FEMALE CIRCLE	MALE CIRCLE		
TRIALING CLUBS			

NOMINATE ONE EVENT ONLY please use X

	SHORT 2 km	MED 4/5 km	LONG 8/10 km
EVENT >>>>>>>>			WOMEN 6 km
VENUE FEE	AMOUNT PAID		
SINGLE ENT \$3-0		NOTE NO SEASON WEEK BY WEEK ONLY	
FAMILY ENT \$9-0			

SIGNED..... **DATE** / / **2017**

TRIALING MEMBER DETAILS – What activities do you undertake ? (please circle all applicable activities)	
AS AN ATHLETE Sprints / Mid Distance / Walks / X Country / Road Running	OFFICIAL USE -TYPE <input type="checkbox"/>
AS AN OFFICIAL Sprints / Mid Distance / Walks / X Country / Road Running	OFFICIAL USE -TYPE <input type="checkbox"/>
Club Use Only: (This section must be filled out for the form to be valid)	
Date of Competition :	DAYMONTH 2017 VENUE
Competition Type: IS CROSS COUNTRY	

This form is for people who wish to trial with an Athletics NSW affiliated club or Athletics NSW prior to obtaining membership of that club or Athletics NSW

We collect your personal information for the purpose of conducting the event, including identifying, recording results and communicating with you about this or other events.

Your consent to us disclosing your personal information to Athletics Australia for the purpose of administering the Running Australia Program. You acknowledge and agree that in administering the Running Australia Program your personal information will be register you as a recreational running member of Athletics NSW

If you DO NOT consent to your personal information being disclosed and used to administer Athletics Australia Running Australia program, please place **X** in this