

EXPRESSION OF INTEREST FOR
Australian Aerobics National Championships 2010

PERSONAL INFO (Please Print **ALL** details)

GYMNASTS NAME: _____

PARENT'S NAME: _____

ADDRESS: _____

Email: _____

Phone: (hm) _____ (wk) _____ (mob) _____

Date of Birth: _____ Current Age: _____

New Zealand Passport Number: _____ Expires: ____ / ____ / ____

Machine readable: Yes/No

GYMSPORT INFO

Gymnast's Club: _____ **Competition Grade:** _____

Coach's Name: _____

Coach's Email: _____

Coach's Signature: _____

EVENT COSTS

Estimated Event Costs (per person): **\$2500 (Including Management Fee)**

I understand this is a self-funded event.

If selected, I agree to pay an initial deposit of **\$500.00 (\$100 non-refundable)** to cover any costs incurred by GSNZ in preparation for this event.

Gymnast/Parent's (If under 18) Signature: _____

Name: _____

Forms must be **RECEIVED** by GymSports New Zealand by 5.00pm **WEDNESDAY 28TH JULY 2010.**