

INTENTION TO TRIAL FOR  
**Men's Artistic Gymnastics Australian Championships**

TRIAL DATE 17th April 2010 - Auckland

**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): **\$2800-\$3000 (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: \_\_\_\_\_

**TRIAL FEE \$50.00**

**No athlete will be permitted to trial unless payment is received by GSNZ by the date listed below.**

Forms and payment must be **RECEIVED** by GymSports New Zealand by

**Friday 26<sup>th</sup> March 2010.**

Please see over for payment options

*Making movement matter*

INTENTION TO TRIAL

## **Men's Artistic Gymnastics Australian Championships** **2010**

### **Payment Details**

(To accompany trial form)

### **Athlete's Name**

### **Event reference:**

**AUSNATSMAG10**

### **Payment options**

#### **Please tick**

**Credit Card** Visa/Mastercard only

Card holder's name \_\_\_\_\_

Card number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Exp: \_\_\_\_\_ / \_\_\_\_\_

**Direct Credit**

GymSports New Zealand National Bank Acct  
06 0582 0129292 00

Please use your **NAME** and **AUSNATSMAG10** on your bank payment.

**Cheque Attached** (Post only)

Forms and payment must be **RECEIVED** by GymSports New Zealand by **Friday 26<sup>th</sup> March 2010**.

### **Please return to:**

**Michelle Sommerville**  
**GymSports New Zealand**  
**PO Box 9485, Newmarket 1149**  
**Fax: 09 377 3608**  
[michelle.sommerville@gymsportsnz.com](mailto:michelle.sommerville@gymsportsnz.com)