

INTENTION TO TRIAL FOR
Australian Rhythmic Championships

TRIAL DATE 18 April 2010 - Christchurch

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 5th March 2010.

Please see over for payment options

Making movement matter

INTENTION TO TRIAL

Australian Rhythmic Championships 2010

Payment Details

(To accompany trial form)

Athlete's Name

Event reference:

AUSNATS10RG

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 **AUSNATS10RG** on your bank payment.

Cheque Attached (Post only)

Forms and payment must be **RECEIVED** by GymSports New Zealand by **Friday 5th March 2010**.

Please return to:

Michelle Sommerville

GymSports New Zealand

PO Box 9485, Newmarket 1149

Fax: 09 377 3608

michelle.sommerville@gymsportsnz.com