



Application for Team Management

Name: _____ Gender: Male Female

Home Address: _____

Email Address: _____

Phone Contacts: Home: _____ Mobile: _____

Occupation: _____ DOB ____/____/____ (for WWC verification)

I wish to be considered for (please tick):

Australian All Schools Championships, December 2017

Please complete the following information listing as much detail as you believe relevant.

Involvement in Athletics:

Team Management Experience:

Athletics NSW Limited ABN 11 330 775 869
Sydney Olympic Park Athletics Centre
Edwin Flack Drive, Homebush NSW 2129
PO Box 595, Sydney Markets NSW 2129

Telephone +61 2 9746 1122
Facsimile + 61 2 9746 1168
Email Info@nswathletics.org.au
Web www.nswathletics.org.au





Other relevant experience or qualifications:

Please outline the qualities you would bring to this position and why you would like to be involved with Athletics NSW Team Management.

Professional Referee:

Name: _____ Mobile: _____

Current WWC number (if available) _____ State issued _____

First aid certificate _____ Date of last renewal _____

I certify that the above information which I have provided is true in all respects

Signature of Applicant _____ Dated _____

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