

PLEASE READ THE EXPLANATORY NOTES ON THE REVERSE OF THIS FORM BEFORE COMPLETING.

1. NAME: _____ Male Female 2. SCHOOL: _____

* POSITION: _____ (eg Teacher, Teacher Aide etc)

E-MAIL ADDRESS (for all correspondence): _____

3. HOME ADDRESS: _____

Home Ph: _____ Mobile: _____

4. SPORT (one sport per form): _____

If applying for more than one sport please number your preference for this sport here

5. LEVEL: (Please number your preference) Primary Secondary Special

6. TEAM: (Please number your preference) Boys Girls Both

18/19yrs 15yrs Both

7. REGIONAL DELEGATE: Please tick if you would like to be nominated as the Regional Delegate for the State Sport Specific Committee. Yes No

8. QUALIFICATIONS / EXPERIENCE: _____

9. REGIONAL CARNIVAL DATE: (See attached calendar) _____

10. PROPOSED REGIONAL CARNIVAL VENUE: _____

11. PRINCIPAL'S APPROVAL: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
12. I APPROVE FOR THIS APPLICANT TO BE SELECTED FOR MORE THAN ONE POSITION: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
<i>I agree to release the above mentioned teacher to attend the Regional Trials.</i>
Signed: _____ Date: _____ (Principal)
Signed: _____ Date: _____ (Applicant)

Please return to:

Metropolitan East School Sport FAX: 3245 0255
APPLICATIONS CLOSE : 19 SEPTEMBER 2008

OFFICE USE ONLY
<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful
Comments: