Presenter Training Course

Officials, Coaches and Administrators

Department of Sport and Recreation
246 Vincent Street, Leederville

Building stronger, healthier, happier and safer communities

Registration Form

Please complete and return together with your payment to:

Attention: Aaron Morse or Ben Hlaing
Department of Sport and Recreation
PO Box 329 Leederville WA 6903
Telephone 9492 9719

Alternatively if paying by credit card you may fax this form to (08) 9492 9711 (Attention: Aaron Morse or Ben Hlaing)

A tax invoice will be issued on receipt of this form.

Date of course

DD / MM / YYYY

Please write the date for the course you want to attend. Course dates are available at www.dsr.wa.gov.au

Participant Details

TITLE GIVEN NAME SURNAME

ORGANISATION SEX ☐ MALE ☐ FEMALE

MAILING ADDRESS

STATE POSTCODE

TELEPHONE FACSIMILE MOBILE

EMAIL

SPECIAL REQUIREMENTS [DIETARY, PHYSICAL, HEALTH]

SPORTS INVOLVED

COACHING/OFFICIATING LEVEL

SIGNATURE [COURSE PARTICIPANT OR PARENT OR GUARDIAN IF UNDER 18]

Please indicate if you would like your details to be used by the Department of Sport and Recreation to keep you informed of future training and information YES ☐ NO ☐

Payment Details ALL AMOUNTS STATED ARE GST INCLUSIVE

TOTAL AMOUNT $22 INC GST

MY CHEQUE IS ENCLOSED (PAYABLE TO DEPARTMENT OF SPORT AND RECREATION) OR PLEASE CHARGE MY

☐ VISA ☐ MASTERCARD

AMOUNT $ CARD NUMBER ☐☐☐☐-☐☐☐☐-☐☐☐☐-☐☐☐☐

CARD HOLDER'S NAME

EXPIRY DATE ☐☐/☐☐ SIGNATURE

GOVERNMENT OF WESTERN AUSTRALIA
Department of Sport and Recreation
thanks COACHES AND OFFICIALS
COACH ACCREDITATION
OFFICIALS ACCREDITATION

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