

# Advanced Officiating Course

General Principles Course

Department of Sport and Recreation  
246 Vincent Street, Leederville

Building stronger, healthier, happier and safer communities

Please complete and return together with your payment to:  
**Attention: Claire Middleton**  
**Sport, Education and Disabilities, Central TAFE**  
**Locked Bag 6 Northbridge WA 6003**

Enquiries to Claire Middleton 9202 4832 or  
Courtney Patterson on 9202 4349 or [courtney.patterson@central.wa.edu.au](mailto:courtney.patterson@central.wa.edu.au)  
A tax invoice will be issued on receipt of this form.

### Date of course

DD / MM / YYYY

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Please write the date for the course you want to attend. Course dates are available at [www.dsr.wa.gov.au](http://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 \_\_\_\_\_

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 \$50** [THIS COURSE IS SUBSIDISED BY DSR]

MY CHEQUE FOR \$50 IS ENCLOSED (PAYABLE TO CENTRAL TAFE) OR PLEASE CHARGE MY

VISA  MASTERCARD

AMOUNT \$..... CARD NUMBER     -     -     -

CARD HOLDER'S NAME \_\_\_\_\_

EXPIRY DATE   /   SIGNATURE \_\_\_\_\_



Department of Sport and Recreation



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