



Gymnastics Australia
Trampoline Sports

Gymnastics Australia

Expression of Interest
INDO PACIFIC – OFFICIAL

Rotorua, New Zealand

First Name: _____ Surname: _____

Address: _____

City: _____ State: _____ Post Code _____

Phone: _____ (H) _____ (B) _____ (M)

Email: _____ Date of Birth: _____

Club: _____

Official Positions (Please number in order of preference)

TRP Coach	<input type="checkbox"/>
DMT Coach	<input type="checkbox"/>
TUM Coach	<input type="checkbox"/>
Assistant TRP Coach	<input type="checkbox"/>
Assistant DMT Coach	<input type="checkbox"/>
Chaperone	<input type="checkbox"/>

Judge TRP	<input type="checkbox"/>
Judge DMT	<input type="checkbox"/>
Judge TUM	<input type="checkbox"/>
Physiotherapist/Medical	<input type="checkbox"/>

Please provide your current coach/judge accreditations with Gymnastics Australia

Role
ie: Trampoline Coach

Signature

Accreditation Level
Level 1

Date

Return to Gymnastics Australia with any supporting documents by
4th April 2008

607 Canterbury Rd, Surrey Hills VIC 3127 Ph. 03 9830 4588 Fax. 03 9830 4788

DUE FRIDAY 4th APRIL 2008