



CLUB WORKSHOP SANCTION FORM

SANCTION DETAILS

Please tick: OPEN Updating Workshop CLOSED Updating Workshop

CLUB NAME: _____

UPD ORGANISER'S NAME: _____

DAYTIME NUMBER: _____ FAX NUMBER: _____

CORRESPONDENCE ADDRESS: _____

_____ POST CODE: _____

EMAIL: _____

UPD WORKSHOP TOPIC: _____

BRIEF OUTLINE OF WORKSHOP: _____

VENUE FOR UPD ACTIVITY: _____

TO BE PRESENTED TO COACHES: LEVEL 1 OR LEVEL 2

PRESENTER'S NAME: _____

LEVEL OF ACCREDITATION: _____ TECH. MEMBER #: _____

PRESENTER'S CREDENTIALS: _____

Please return to your State Association for Sanctioning

UPD PROMOTION INFO

DATE OF WORKSHOP: _____ TIME: _____

VENUE: _____

_____ COST: \$ _____

CONTACT NAME: _____ DATE: _____

SIGNED: _____

Please send application details to:

OFFICE USE ONLY
Date: _____
Approved by: _____
Signed: _____
of Updating Points: _____