FORM NO. SYD 29/IND
2008-2009

CARNIVAL ENTRIES (INDIVIDUALS ONLY)

For competitions/events held under SLSA Rules.

No entry will be accepted unless Team Manager Business Hours Contact details are completed

and, if posted, must be forwarded to reach the SLSS Office before the date notified for closing of entries.

PO Box 6006, Malabar NSW 2036 or admin@surflifesavingsydney.com.au

Telephone (02) 9019 0722 Fax (02) 9019 0720 www.surflifesavingsydney.com.au

CARNIVAL _____

ENTRIES FROM (club) _____ SLSC

PLEASE PRINT CLEARLY OR TYPE ENTRIES

COMPETITORS NAME SURNAME & GIVEN NAMES (BLOCK LETTERS)	MEMBERSHIP/AGE CATEGORY (SEE BELOW FOR CLARIFICATION)	PROFICIENCY DATE/NUMBER (MUST BE SUPPLIED OR ENTRIES WILL NOT BE ACCEPTED)

MEMBERSHIP CATEGORY

Senior – S	Reserve Active – RA	Under 19 – J	Long Service – LS
Under 17 – C	Associate – A	Under 15 – C	Life Member – L

PLEASE PRINT CLEARLY

Team Manager _____

Address _____

_____

Phone (W) _____ (H) _____

Fax _____ (M) _____

I certify that all the above members are the holders of the appropriate Association Awards, are Proficient and are not in arrears with Patrol Hours more than the Association's By-Laws permit that competitors in Under 19, Under 17 & Under 15 events comply with the Association's minimum age requirements on 1st October.

Signature _____ Club Officer

Date _____

Endorsed by _____

Date _____

(SLSS/Branch Stamp and Date)
Required when competing outside SLSS/Branch

Endorsed by State Centre

_____

Date _____

(State Centre Stamp and Date)
Required when competing outside State