Calisthenics Association of Western Australia (Inc)
2011 NATIONALS
SENIOR PHYSICAL SOLO TRIAL ENTRY FORM
Sunday, 29 May 2011 (1.30pm)

OFFICE USE ONLY
Date Received: _____

Cheque / Cash Cheque#: _____

NAME _____

AGE (as at 31/12/2011) _____

DATE OF BIRTH _____

TELEPHONE _____

CLUB _____

CALI SKILLS LEVEL ATTAINED: _____
(Please Attach Copy of relevant Cali Skills Certificate)

Please Note: To be eligible to represent Western Australia in the Physical Solo Section of the ACF National Championships a Competitor must have attained the required Calisthenics Skill level (as listed below) before the commencement of the Physical Solo trials in the year they wish to enter.
10 years – Test 3, 11/12 years – Grade 1, 13/14 years – Grade 2, 15 years – Prep Grade 3, 16 years – Grade 3, 17 years+ Grade 4

NAME OF COACH _____ _____
(Please Print) (Coach's Signature)

I am a Level 1 Coach in accordance with the By-Laws of the Coaches Association of the CAWA and am aware of Rule 1.12 of the ACF (Inc) National Rules.

SIGNATURE OF PARENT/GUARDIAN OR COMPETITOR: _____
(If competitor is under 18 years of age Parent/Guardian signature required)

The abovenamed Level 1 Coach is coaching my daughter/myself for this item and I am aware of the penalties applied for breaches of Rule 1.12 of the ACF (Inc) National Rules. I have also read and accept all other conditions of this entry form.

NAME AND TITLE OF CLUB OFFICIAL _____

SIGNATURE OF CLUB OFFICIAL _____

The above named entrant is a financial member of an incorporated branch of the CAWA (Inc)

COST: **$10.00 (inc GST)** ***(If paying by cash or cheque, payment must accompany Entry Form)***

Payment details

- ☐ Cash enclosed
- ☐ Cheque/money order (made payable to CAWA Inc) enclosed
- ☐ Please charge my credit card the above amount.
  - ☐ Mastercard ☐ Visa

Credit card no. ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry ___/___

Cardholder's name _____Cardholder's signature _____Phone Number _____

REMIT ENTRY TO **Vice President, CAWA**
PO Box 1464
MIDLAND WA 6936

ENTRIES CLOSE **23 May 2011**