

Application Form 2008 - 2009

Please complete this application form and return it with payment to:

Junior Development Squad
Victorian Little Athletics Association
Locked Bag 1011, Port Melbourne, Vic 3207



Athletes Name: _____

Address: _____

Suburb: _____ Postcode _____

Date of Birth: ____/____/____ Phone: _____ Male Female

Guardians Name(s): _____

Email address: _____

Centre: _____ Age group in 2008-2009: _____

I understand and abide by the Code of Conduct as outlined in this brochure.

Athlete Signature: _____ Guardian's Signature: _____

Payment details \$35.00 inc GST (for all members) Cheques made payable to the VLAA

Please circle: Money Order Cheque Credit Card Please circle card type: Visa MasterCard

Card No.: ____-____-____-____/____-____-____-____/____-____-____-____/____-____-____-____ Exp. Date: ____/____/____

Card Holders name: _____ Signature: _____

Qualifying Performances

1st Event: _____ Performance: _____ Date: _____

Track surface: Please Circle Grass or Synthetic

2nd Event: _____ Performance: _____ Date: _____

Track surface: Please Circle Grass or Synthetic

Preferred events

The coaching rotations are based around your preferred events. Please indicate your 1st and 2nd preferred events. The events are: **Sprints, Middle Distance, Walks, Hurdles, Long Jump, Triple Jump, High Jump, Shot Put, Discus, and Javelin.**

1st Preferred Event: _____ 2nd Preferred Event: _____

Please include all supporting documentation on the performances.

Centre Executive Name: _____ Position: _____

Signature: _____ Date: _____