

Mentor Training Course

Officials, coaches and administrators

Department of Sport and Recreation
246 Vincent Street, Leederville

Building stronger,
healthier, happier and
safer communities



Please complete and return together with your payment to:

Attention: Aaron Morse or Jonelle Burns
Department of Sport and Recreation
PO Box 329 Leederville WA 6903

Alternatively if paying by credit card you may fax this form to (08) 9492 9711 (Attention: Aaron Morse or Jonelle Burns). A tax receipt will be sent upon payment.



Participant Details

TITLE _____ GIVEN NAME _____ SURNAME _____

ORGANISATION _____ SEX MALE FEMALE

MAILING ADDRESS _____

STATE _____ POSTCODE _____

TELEPHONE _____ FACSIMILE _____ MOBILE _____

EMAIL _____ D.O.B. _____

SPECIAL REQUIREMENTS [DIETARY, PHYSICAL, HEALTH] _____

SPORTS INVOLVED _____

COACHING/OFFICIATING LEVEL _____

SIGNATURE [COURSE PARTICIPANT OR PARENT OR GUARDIAN IF UNDER 18] _____

Please indicate if you would like your details to be used by the Department of Sport and Recreation to keep you informed of future training and information

YES NO



Payment Details ALL AMOUNTS STATED ARE GST INCLUSIVE

TOTAL AMOUNT \$22 [THIS COURSE IS SUBSIDISED BY DSR]

MY CHEQUE FOR \$22 IS ENCLOSED (PAYABLE TO DEPARTMENT OF SPORT AND RECREATION) OR PLEASE CHARGE MY

VISA MASTERCARD

AMOUNT \$ _____ CARD NUMBER ---

CARD HOLDER'S NAME _____

EXPIRY DATE //____ SIGNATURE _____



Department of Sport and Recreation



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