



# 2020 RUNNING CLINIC

## APPLICATION FORM – Applications close on 19<sup>th</sup> June 2020

APPLICANT INFORMATION			
First Name:	Surname:	DOB:	
Postal Address:			
Suburb:	State:	Postcode:	Council Div:
Home Phone:		Mobile:	
Email (compulsory):			
School:		School Year:	
SPORT INFORMATION			
Sport / Present Club:	Membership #:	No of Years Competing:	
Coach:		Age Group:	
Major achievements and why you believe the Speed Clinic will assist you:			
PARENT / GUARDIAN / EMERGENCY CONTACT INFORMATION			
Name:	Mobile:	Email:	
Name:	Mobile:	Email:	

## CONTACT / FURTHER INFORMATION

For further information please contact Joanne Daly, Programs Manager: 0403 676 897 or: [programs@goldsport.com.au](mailto:programs@goldsport.com.au)