

# National Officiating Program Race Officer Seminar Enrolment Form



Course Name NOP – Race Officer Seminar Location of Course YQ Office, Manly

Date/s 27<sup>th</sup> and 28<sup>th</sup> June 2009 Times 9.00am – 4.30pm daily

Family Name \_\_\_\_\_ Given Names \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ YA # \_\_\_\_\_

Home Address \_\_\_\_\_

Suburb/Town \_\_\_\_\_ Post Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

How well do you speak English?	Very Well	Well	Not Well	Not at all
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Do you consider yourself to have a disability, impairment or long-term condition?	Yes	No
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If yes, then please indicate the areas of disability, impairment or long-term condition?	Hearing/Deaf	Physical/Intellectual	Mental Illness
	Acquired Brain Impairment	Vision	Medical Condition
	Other		

I understand that in addition to this seminar further requirements are required based on the level of accreditation I am seeking.

Students Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\* Please bring 2009 – 2012 Racing Rules of Sailing, pens & paper. Tea and coffee will be available throughout the seminar.**

<b>Payment Details</b>	
<input type="checkbox"/> We enclose cheque / money order made payable to Yachting Qld	
<input type="checkbox"/> Please charge \$150.00 MasterCard / Visa	<input type="checkbox"/> Direct Debit BSB: 034058 Account #: 154649
Card Number: _____ / _____ / _____ / _____	Expiry Date: ____ / ____
Card Holders Name: _____	
Address: _____	
Signature: _____	