

2010 BOCCIA NATIONAL CHAMPIONSHIP

CONDUCTED BY CEREBRAL PALSY BOCCIA AUSTRALIA ASSOCIATION INC

Monday May 3 – Friday May 7, 2010

PLAYERS EXPRESSION OF INTEREST

Cerebral Palsy Boccia Australia is seeking expressions of interest from players for the 2010 Boccia National Championship.

Venue & Accommodation: Australian Institute of Sport, Canberra, ACT

To indicate your intention to compete please -

1. Complete the details below.
2. Attach cheque/money order for \$25 (non-refundable)
3. Return the form and payment to Cerebral Palsy Boccia Australia, 2 Duchess Place, Cleveland, Qld 4163

Bank Direct Deposit Details

Name of Bank Account **Cerebral Palsy Boccia Australia**

BSB No 034-026 Acc No 2135955 ID Required Full Name

No Players Expression of Interest will be accepted without payment.

ALL FORMS MUST BE RECEIVED NO LATER THAN TUESDAY 19TH JANUARY 2010

PLEASE NOTE - Important

Official Nomination Forms will be sent **February 2010** to all PLAYERS who return this form and their \$25 Nomination Fee. The \$25 fee will cover administration costs for the 2010 Boccia National Championship. All other costs including airfares, accommodation, meals and transport will be at an extra charge. Costing for accommodation, meals and transport will be outlined on the Nomination Form. If excessive numbers of nominations are received for any one classification then athlete numbers accepted will be limited and fees refunded. Players cannot attend competitions, national or international, without **an individual personal carer. Open Class players must play in wheelchairs.**

PERSONAL DETAILS

NAME: _____ DATE OF BIRTH: ___/___/___
ADDRESS: _____ POST CODE: _____
PHONE: (H) _____ (W) _____ MOBILE: _____
Email: _____ REGION / STATE: _____
Disability: Cerebral Palsy Other (Please State): _____
DIRECT DEBIT DETAILS: DATE PAYMENT MADE: _____ RECEIPT NO: _____

CLASSIFICATIONS

Indicate your Classification (Please Tick):

BC1 BC2 BC3 BC4 (non-CP Athletes) I have not been Classified Open Class

Date Classified: ___/___/___

If class unknown, describe disability e.g. below knee amputee, CP standing left side affected:

ACCOMMODATION & TRANSPORT

Indicate dates you require:

Accommodation: From.....To.....

Transport: From.....To.....

OFFICE USE ONLY

Date Received : ___/___/___ Cheque Money Order Cash Amount \$ _____

DATABASE

Qualified: YES NO Open