

Expression of Interest Form Introduction to Paratriathlon Workshop

First Name:		Family Name:	
Address:		Post Code:	
		State:	
E-mail:			
Phone(Mob):		Phone (H):	
Profession:			
Relevant Qualification(s):			
Please outline your background in triathlon			
Do you hold a Triathlon Australia membership?	Yes <input type="checkbox"/> No <input type="checkbox"/> What type: _____		
Please state your interest in this workshop			
Which disability groups have you had professional experience with?			
Are you interested in pursuing training as a classifier in Paratriathlon?			

All expression of interest forms must be returned to info@triathlon.org.au
RSVP Friday 17th February 2012