

SKATE AUSTRALIA Inc

COMMISSIONED ARTISTIC OFFICIALS' COMMITTEE

pwallace7@bigpond.com

APPLICATION FOR COURSE PRESENTER ACCREDITATION ATTACHMENT 5

Name				***************************************			
Address				Postcode			
Phone (Business)			Phone (Home	·)			
Mobile			Fax				
Email							
Approval required	d for the following	units:					
LEVEL							
Discipline	Dance	Fı	Free Skating Pairs			Figures	
	Inline P		recision Show		EM/DO		
		GROUNE	OS FOR APPL	ICATION			
(Please attached any supporting documentation)							
1. Reason for applying							
2. Current/previous committee positions							
3. Relevant Experience/Qualifications							
			<u> </u>				
		OF	FICE USE ON	LY			
Date received Accreditation			Membership Expiry Date Expiry Date				
Level			Expiry Date				
Insurance to			Approve	d Rejec	ted		
Date notified							
POST TO			EMAIL	TO			
Skate Australia Inc			admin@SkateAustralia.org.a		org.au		
Sports House 150 Caxton Street MILTON, QLD 4064							