



2008 PACIFIC SCHOOL GAMES
CANBERRA

30 November - 6 December

2008 Pacific School Games Swimming – Technical Official Application Form

Applicant Contact Details

Title: _____ First Name: _____ Surname: _____

Mailing Address: _____

Suburb: _____ State: _____ Postcode: _____

Gender: Male Female

Contact Phone: _____ (AH) _____ (BH)

Mobile: _____

Email: _____

Technical Areas

Please tick your preferred area:

- | | | |
|---|---|---|
| <input type="checkbox"/> Referee | <input type="checkbox"/> AOE/SAT Supervisor | <input type="checkbox"/> Recorder |
| <input type="checkbox"/> Judge of Stroke | <input type="checkbox"/> AOE Operator | <input type="checkbox"/> Starter |
| <input type="checkbox"/> Chief Inspector of Turns | <input type="checkbox"/> SAT Operator | <input type="checkbox"/> Check Starter |
| <input type="checkbox"/> Inspector of Turns | <input type="checkbox"/> Computer Operator | <input type="checkbox"/> Chief Timekeeper |
| <input type="checkbox"/> Marshall | <input type="checkbox"/> Chief Recorder | <input type="checkbox"/> Time Keeper |
| <input type="checkbox"/> Presentation Officer | <input type="checkbox"/> Announcer | |



2008 Pacific School Games | Canberra | ABN 95 825 767 889 002

PO Box 4743, Higgins ACT 2615 | phone 61 2 6205 8388 | fax 61 2 6205 6253 | email jane.mccarty@ed.act.edu.au | web www.pacificschoolgames.edu.au



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Accreditation

Current status within the National/State Swimming Association

Registration Number: _____ Club: _____

Prohibited Person Declaration Form

Please ensure that you have included your signed Prohibited Person Declaration form.

Signature

Name: _____

Signature: _____ Date: _____

All information will be held in the strictest confidence.

Please complete and return this form to the 2008 PSG office by fax to (02) 6205 6253
or post to:

Ms Trish Thomas
Volunteer Manager
2008 Pacific School Games
PO Box 4743
HIGGINS ACT 2615

If you have any queries, please contact the 2008 PSG office on (02) 6205 8388 or
info@pacificschoolgames.edu.au