Junior Emerging, Development & Performance Squads

Coach & Manager Application Form **(Please print clearly)**

Name:	
Date of Birth:	
Address:	
Contact phone No:	M: H:
Email:	
Gender:	
Occupation:	
TACT Membership #:	
Experience:	
Preferred Squad:	
Additional information:	Please attach an A4 page if required
Signature:	Date:

Post form to:
JDS Administrator
Triathlon ACT
Locked Bag 3004
Deakin West ACT 2600

Fax form to:
(02) 6260 4432

Email form to:
admin@triathlonact.com.au

In Person:
King Street, Deakin