

EXPRESSION OF INTEREST TO COMPETE FORM

University: _____

University Staff Contact Person: _____

Postal Address: _____

Email: _____

Telephone: _____

Mobile: _____

* Please nominate a person travelling with your University to the event as Team Manager. This person will be required to attend meetings at the event. Correspondence will be sent to the University contact and the team Manager. Please tick this box if you DO NOT wish the Team Manager to receive correspondence.

Team Manager: _____

Email: _____

Telephone: _____

Mobile: _____

Maximum Team Size: 19 with the following breakdown

Men's Standup Max 6 Women's Standup Max 2 Open Long Board Max 2
 Men's Body Board Max 2 Women's Body Board Max 2 Open Kneeboard Max 2

Team Challenge = 2 Men's Stand up
 1 Women's Standup
 1 Long board (m/f)
 1 Body board (m/f)
 (min. 3 required incl. 1woman)

Athlete Details:

Category	Male	Female
<i>Example: standup</i>	6	2
Standup		
Open Long Board		
Open Knee Board		
Body Board		
Team Challenge		

Please return this form via fax (03) 9819 0850 or email joevans@swin.edu.au by 11 July 2005.