



TEAM REGISTRATION FORMS

(Please complete and post hard copy to arrive to Organizing Committee no later than July 1st, 2006)

Full Touring Party Summary Form - Accommodation

Country: _____

Team Manager: _____ **Email:** _____ **Phone:** _____

Date of Arrival _____ **Airport :** _____ **Currency Paid** _____ **Method paid** _____ **Airport Transfer (circle)** _____ **Championships Package** _____
Date of Departure _____ **Airport:** _____ **\$USD or \$AUD** _____ **CC, Chq, Trans** _____ **Yes / No** _____ **(Circle) 'A' or 'B'** _____
(circle) **Single / Return**

Full Name (as appears on passport)	Nature of participation (competitor, Coach, Umpire, Supporter, Team Manager, Press, Doctor, VIP, INO Delegate)	Check in dd/mm	Check out dd/mm	Total Nights	Room type single, twin, double, triple	World Champs Inscription Fee (Comp, Coach, Press, Doctor)	Registration Package Fee + Airport Transfer * (if required)	Australasian Champs Competitor fee	Deposit Paid by June 1 st	Remaining Balance By July 1 st
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Please indicate which persons will be sharing rooms

Full Name (as appears on passport)	Nature of participation (competitor, Coach, Umpire, Supporter, Team Manager, Press, Doctor, VIP, INO Delegate)	Check in dd/mm	Check out dd/mm	Total Nights	Room type single, twin, double, triple	World Champs Inscription Fee (Comp, Coach, Press, Doctor)	Registration Package Fee + Airport Transfer * (if required)	Australasian Champs Competitor fee	Deposit Paid by June 1st	Remaining Balance By July 1st
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Please indicate which persons will be sharing rooms

Duplicate Registration Sheets (As required)

Full Name (as appears on passport)	Gender (M or F)	Date of Birth dd/mm/yyyy	Individual Sparring (enter weight category)	Individual Patterns (enter rank)	Individual Special Tech (please tick)	Individual Power (please tick)	Team Events (please tick)	ITF Degree certificate Number	Black Belt Status Card Number / Exp Date
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Duplicate Registration Sheets (As required)

Non- Competitors Inscription - Summary Form

Country:		
Full Name (as appears on passport)		Full Name (as appears on passport)
Team Managers		Supporters
1.		1.
2.		2.
Coaches		3.
1.		4.
2.		5.
3.		6.
4.		7.
Press Agents		8.
1.	9.	
2.	10.	
Team Doctors	11.	
1.	12.	
2.	13.	
Congress Delegates	INO Position	14.
1.		15.
2.		16.
3.		17.
Umpires		18.
1.		19.
2.		20.
3.		21.
4.		22.
VIP	Status	23.
1.		24.
2.		25.

Duplicate Registration Sheets (As required)

5th Australasian Open Championships - Competitor Inscription - Summary Form

Organization /Club:				Country:					
Team Manager:				Email:				Phone:	
Full Name	Sex (M or F)	Date of Birth	Individual Sparring (please tick)	Weight (kgs)	Height (cms)	Individual Patterns (please tick)	Rank (Gup/ Degree)	Team Sparring - single gender (please tick)	Team Patterns - single or mixed gender permitted (please tick)
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Duplicate Registration Sheets (As required)