

TECHNICAL OFFICIAL NOMINATION FORM FOR SWIMMING AUSTRALIA EVENTS



EVENT NAME: 2009 Australian Age Multi-disability Swimming Championships

Date of Event: 23 January – 25 January

FAMILY NAME:	MR/MRS/MISS/MS
FIRST NAME:	GENDER: Male / Female
DATE OF BIRTH (dd/mm/yyyy):	
ADDRESS:	
SUBURB:	
STATE:	POSTCODE:
PHONE (bh):	PHONE (ah):
FAX NUMBER:	
MOBILE:	
E-MAIL ADDRESS:	
EMERGENCY CONTACT	
NAME:	PHONE: RELATIONSHIP:
SHIRT SIZE: (please circle)	
Male Sizes:	XS S M L XL XXL 3XL
Female Sizes:	8 10 12 14 16 18

Availability: (please **tick** the sessions you are available to work)

Session Date	Shift Time	Availability	Shift Time	Availability
Pool Comp	HEATS*		FINALS*	
23 January	10.00am – 12.00pm		6.00pm – 8.00pm	
24 January	10.00am – 12.00pm		6.00pm – 8.00pm	
25 January	10.00am – 12.00pm		3.00pm – 5.00pm	

*Session times are TBC, these times are a guide only. Open water events do not have heats and finals just nominate the day(s) you are available.

Please ensure you complete all pages before returning the form to your State Swimming Association. They will return your nomination to Swimming Australia.

**ALL FORMS MUST BE RETURNED TO SAL NO LATER
By the closing date listed on the swimming website**

POSITION PREFERENCE

Please rank below in order of preference the official positions you wish to be considered for (this does not guarantee appointment and is used as a guide only when completing the roster):

Referee	Judge of Stroke	Control Room Supervisor	Inspector of Turns
Starter	Recorder	Marshal (Clerk of Course)	Check Starters
AOE Operator	SAT Operator	Timekeeper	

If this is your first time nominating to officiate at a Swimming Australia event? Please list any relevant experience you may have had in working at major events ie list event and duties involved and/or any other comments:
