

## Poolside Team Managers Application Form

Name:	
Address:	Ph:
	Fax:
	Mobile:
Email:	Work:

MEETS Applied for (Please Tick)

	Meet	Date	Location
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

Recent Experience in Team Management Experience:

Position Held	Meet	Dates

**Applicant's  
Signature** \_\_\_\_\_

**Updated September 2006**