



**Ice Skating Australia Incorporated**  
Affiliated to the International Skating Union

**Form Document: SSF-0902-V1**

**Foreign Synchronized Skater  
2009-2010 Permission Application Form**

SURNAME:		FIRST NAME:		DATE OF BIRTH:	/ / DAY MONTH YEAR
COUNTRY OF BIRTH:		CITY:		NATIONALITY:	
START OF AUSTRALIAN RESIDENCY:	/ / DAY MONTH YEAR	PASSPORT NUMBER:		ISSUING COUNTRY:	
				EXPIRY DATE:	/ / DAY MONTH YEAR
STATE and MEMBERSHIP NUMBER:					
HOME CLUB:					
TEAM:					
COACH(ES)					
COACH(ES)' CONTACT (Phone and/or Email)					
ADDRESS IN AUSTRALIA:					POST CODE:
HOME TEL. No:	( )	FAX No.	( )	ATHLETE EMAIL:	
CONTACT PERSON:		RELATIONSHIP TO SKATER:		CONTACT EMAIL:	
				CONTACT PHONE:	

<b>MINIMUM DOCUMENTATION TO INCLUDE</b>	Copy of Passport	Copy of Test Records	Proof of State Membership
---	------------------	----------------------	---------------------------

<b>SIGNATURE OF COMPETITOR OR GUARDIAN</b> (if competitor is under 18 years of age):	<b>DATE:</b> /     / DAY MONTH YEAR
<b>NAME OF TEAM COACH OR MANAGER</b>	
<b>COACH or MANAGER'S SIGNATURE:</b>	<b>DATE:</b> /     / DAY MONTH YEAR
<b>NAME AND POSITION OF STATE OFFICIAL</b>	
<b>STATE OFFICIAL'S SIGNATURE</b>	<b>DATE:</b> /     / DAY MONTH YEAR

<b>PLEASE RETURN THE COMPLETED FORM AND COPIES OF DOCUMENTATION TO EITHER</b>	
<b>ISA ADMINISTRATION OFFICER</b>	<b>EMAIL: <a href="mailto:administration@isa.org.au">administration@isa.org.au</a></b> <b>FAX: + 61 2 8732 1627</b>
<b>ISA SYNCHRONIZED SKATING OPERATIONAL DIRECTOR</b>	<b>EMAIL: <a href="mailto:stelangi@homemail.com.au">stelangi@homemail.com.au</a></b> <b>FAX: +61 2 6244 4646</b>