

Assessment Cover Sheet



Instructor Name:		
Address:		
City:	State:	Postal Code:
Phone: ()	Fax: ()	
Email:		
Club Name:		
Club Address:		
City:	State:	Postal Code:
Phone: ()	Fax: ()	
Coordinator Name:		
Coordinator Email:		
Program name and release:		

Cost of Assessment is \$35 (IF NOT PRE-PAID)

Method of Payment (check or credit card accepted)

Cheque #: _____

Credit Card Number: _____

Expiration Date: _____

Signature:

Please print this form, sign and then return via fax on 02 6281 7526, or post to:

MOSSA Australia

220a Crawford St. Queanbeyan NSW 2620

