

# 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: |             |              |

Write the program name and release that you are submitting for assessment:

\_\_\_\_\_

**Cost of Assessment is \$35**

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:

Body Training Solutions Australia  
20 Colbee Court, Phillip ACT 2606

