



# Official's Registration 2019

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ABN 95 077 296 424

## Your Details

Title: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_ D.O.B. \_\_ / \_\_ / \_\_\_\_

Contact Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email (Must Supply): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

CAMS Officials Licence #: \_\_\_\_\_ Expiry: \_\_ / \_\_ / 20\_\_ Type: \_\_\_\_\_

## More about you

DISCIPLINE: (e.g. Flags) \_\_\_\_\_

### OFFICIALS SHIRT

Please tell us your shirt size \_\_\_\_\_

### Do you have any dietary requirements or allergies?

(Please give details below if yes)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Circle

Do you have a Valid drivers Licence for any Vehicle you may be required to use YES NO

Do you have current accreditation for any equipment you may be required to use YES NO

## Do you have any existing Medical Conditions that may prevent or preclude your task?

(Please give details below if yes)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Are you under Doctors orders, Workers Compensation or Disability Scheme?

(Please give details below if yes)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Days you will be attending (Please indicate)

- Saturday  
 Sunday

## Finished? Please send Completed form to

Email: [admin@wascc.asn.au](mailto:admin@wascc.asn.au)

Post: PO Box 267 Wanneroo WA 6946

## Need help or have a question?

Office use only –

Official Card # \_\_\_\_\_

Updated: Registration \_\_\_\_\_

Email \_\_\_\_\_