

## ATHLETE APPLICATION June Qualifier 2018

Deadline to apply: Friday, May 11<sup>th</sup>, 2018- Late applications will not be accepted.

## SECTION 1: PERSONAL INFORMATON & COMPETITION EXPERIENCE

## **Personal Information**

| Athlete Name:                       | Date of birth:                                       |
|-------------------------------------|------------------------------------------------------|
| Address:                            | City, State, Zip Code:                               |
| Cell Phone:                         | Email Address:                                       |
| Passport Expiration:                | Weight Classification:                               |
| Gender: □ Female □ Male             | T-shirt Size: □S □M □L □XL □XXL □                    |
| US Citizen: ☐ Yes ☐ No              | Attending camp March 24-25, 2018: ☐ Yes ☐ No         |
| IPC Classified: ☐ Yes ☐ No          | Attended IPC Sanctioned Event: ☐ Yes ☐ No            |
| Nationally Classified: ☐ Yes ☐ No   | IPC Licensed: ☐ Yes ☐ No                             |
| Attended Level I Clinic Event: ☐ No | ☐ Yes: Location Date                                 |
| Coach/Trainers Information          |                                                      |
| Coach's/Trainer's Name:             |                                                      |
| Coach/Trainer's Email:              |                                                      |
| Coach/Trainer's Phone:              |                                                      |
| restrictions.                       | gies. These included pre- and post- competition meal |
|                                     |                                                      |

| Competition Experience                                                                                                         |  |
|--------------------------------------------------------------------------------------------------------------------------------|--|
| Years of experience competing at national level: years                                                                         |  |
| Years of experience competing at international level: years                                                                    |  |
| Most recent national competitions (year & location):                                                                           |  |
|                                                                                                                                |  |
|                                                                                                                                |  |
| List any international sport competition trips previously taken:                                                               |  |
|                                                                                                                                |  |
|                                                                                                                                |  |
|                                                                                                                                |  |
| SECTION 2: PAYMENT INFORMATION                                                                                                 |  |
| There is a $$50$ competition fee. Payments must be received by Friday, May $11^{th}$ , 2018 in order to register fo the event. |  |
| PAYMENT OPTIONS                                                                                                                |  |
| □ Check                                                                                                                        |  |
| □ Cash                                                                                                                         |  |
| □Credit card (to be charged day of competition)                                                                                |  |
| Make checks payable to: Logan University, Mail checks and cash payments to the ATTN: Dr. Kelley Humphries/Lori                 |  |

Make checks payable to: Logan University. Mail checks and cash payments to the ATTN: Dr. Kelley Humphries/Lori Fulford. Please indicate if a receipt of payment is needed for your records when submitting you payment.