



Form A: Entry

AIBC Member Information

Organization:	
City:	
Abbreviation:	

Confirmation

<input type="checkbox"/> YES	We will be participating in the 27 th AIBC Championship
<input type="checkbox"/> NO	We will not be participating in the 27 th AIBC Championship

Participants

Number of Male Competitors	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Number of Female Competitors	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Number of Senior Male Competitors	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Number of Senior Female Competitors	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Number of Officials	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Number of Supporters	

Contact Information

Contact Person:	
Mailing Address:	
Telephone Number:	
Mobile Phone Number:	
Fax Number:	
E-mail Address:	
Website:	

Submit on or before September 1, 2013