



Royal Life Saving

THE ROYAL LIFE SAVING SOCIETY AUSTRALIA

TEAM DATA SHEET

Please use **Block Letters**

Notes:

1. This sheet must be handed to the NSDO prior to 8.00 pm on the day preceding the first day of the carnival.
2. Two (2) copies of this form should be available - one copy should be retained by the team

TEAM: _____

MIXED TEAMS INITIATIVE TEST

NAME

AGE GROUP

MEN: 1 _____

2 _____

WOMEN: 1 _____

2 _____

MEN'S TEAMS INITIATIVE TEST (If event conducted)

NAME

AGE GROUP

1. _____

2. _____ NOT APPLICABLE _____

3. _____

4. _____

WOMEN'S TEAMS INITIATIVE TEST (If event conducted)

NAME

AGE GROUP

1. _____

2. _____ NOT APPLICABLE _____

3. _____

4. _____

REGISTERED HANDLERS (people handling equipment for competitors)

NAME

1. _____

2. _____

3. _____

4. _____

F. REGISTERED PROTEST OFFICIALS

(Those officials who will be permitted to lodge a verbal and written protest - protests from other individuals will not be permitted).

NAME

OFFICIAL POSITION

1. _____

2. _____

SIGNED: NAME:

TEAM POSITION: _____

DATE: _____