

2019 ORGANISATION DETAILS

NSW KNOCKOUT HEALTH CHALLENGE



Team Name: _____

Team Manager & Key Contacts

Role	Name	Mobile	Email
Team Manager			
Key Contact			
Key Contact			

Support Team Details:

Each team is required to nominate details of staff who will be assisting your team for the duration of the challenge:

Expertise	Name	Position	Email
Fitness			
Nutrition			
Other			
Other			

For teams with participants aged 16-17 years

All team members listed above, have obtained a Working with Children's Check

Team Committee Details:

Name	Position	Email

Please suggest list the best day and time for the KHC to deliver the Living Deadly health education session during the Pre Challenge period. **Day of the week:** _____ **Time of day:** Morning / Afternoon / Evening

**please note that a date will be confirmed with you by the KHC team*

Return forms to: MOH-Knockout@health.nsw.gov.au or **Fax:** 8738 6371

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Auspecting Organisation Details

Please supply the auspecting organisation and bank details for any funds that may be provided prior and throughout the Challenge. The organisation must be a registration company/cooperation, i.e Aboriginal Medical Service, Primary Health Network, Land Council, Community Organisation, School etc

Auspecting Organisation	
ABN	
Contact Person Name	
Phone	
Email	
Account Name	
BSB Number	
Account Number	

T-Shirt Sizes:

A maximum of 35 shirts will be provided to teams participating in the NSW Knockout Health Challenge. Please indicate your team's required sizes below. Please ensure you complete the number of t-shirts required.

Size	Number Required
Small	
Medium	
Large	
X-Large	
XX-Large	
3X-Large	
4X-Large	
5X-Large	
6X-Large	
7X-Large	
8X-Large	

Delivery Address

Please provide a delivery address for your team's t-shirts. The address must not be a PO Box.

STREET NUMBER: _____

STREET NAME: _____

SUBURB: _____

STATE: _____

POSTCODE: _____

CONTACT PERSON: _____

Individual shirts will be provided to team members that commence as reserves, if required.

ALL FORMS TO BE RETURNED TO: KNOCKOUT CHALLENGE TEAM BY ADVERTISED CLOSING DATE.
Email: MOH-Knockout@health.nsw.gov.au OR Fax: 8738 6371