



# ROYAL LIFE SAVING AUSTRALIA

## Draft Application Form – Interstate teams

This form is to be used by State/Territory Branches who wish to access the Australian Draft System to complete their Interstate Team.

RLSSA Branch: \_\_\_\_\_

Contact Person (Team Manager): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Current Email: \_\_\_\_\_

What is the number of competitors your Branch is seeking in the draft? (Max. 2 per U16 and U19 age group and gender and 4 per Open age group and gender)

	MALE	FEMALE
Under 16		
Under 19		
Open		

Please insert the appropriate number of competitors required. For example, if you require 2 Female Open Competitors place the number “2” in the required area.

Is the Branch willing to pay for any costs associated with the draftee/s competing for the Interstate Team:  
Yes / No

Will the Branch provide a team costume and swimming cap for the draftee/s: Yes / No

Once the draft has been completed, the Team Manager will be notified of any draftee/s contact details.

The Branch agrees to abide by all of the conditions outlined in the attached document detailing the Draft titled ‘Australian Draft System’.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

On behalf of the RLSSA \_\_\_\_\_ Branch

**Please return this form to the RLSSA National Office**

**Email: [sport@rlssa.org.au](mailto:sport@rlssa.org.au)**