**ACCREDITATION REQUEST FORM**

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| --- | --- |
| **MEMBER ASSOCIATION (Country):** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Family name** | **Given names** | **Role****(player, coach, team official etc)** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |

**Notes:**

1. Please complete the above template for all attending players, coaches and team officials.
2. Accreditation will be available to collect at the Team Managers’ meeting.
3. Accreditation will be required to be worn and displayed during the event to ensure entry into the playing hall and players’ lounge.
4. For any changes, late additions or lost passes, please notify the organiser as soon as possible.

Please return this form by 12th August 2019 to:

Badminton WA

Email: events@badmintonwa.org.au

Badminton WA Office: +61 8 9409 4433

Event Director Mark Cunningham: +61 418 760 812