



## MEGALINK TARGET SYSTEM APPLICATION FORM - ATHLETES

Name of Athlete: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ SFC# \_\_\_\_\_ Email: \_\_\_\_\_

Address Number, Street \_\_\_\_\_

Town/City, Province, Postal Code \_\_\_\_\_

Current High Performance Team Status:     National     Development

Where will the system be housed? \_\_\_\_\_

Address if different from the home address: \_\_\_\_\_

\_\_\_\_\_

Please explain how having this system will help you in the next year: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the above information is correct.

Name (Print) \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

If under 18 years of age:

Parent or Guardian Name (Print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_