

# Expression of Interest (EOI) Clinic Application



## 1. Organising Committee Details

Organising Committee Name:	
Primary Contact Person:	
Email:	
Phone Number:	

## 2. Venue & Date

Venue Name:	
Venue Location (Address/Region):	
Proposed Date(s):	
Has the venue been booked? (Y/N):	

## 3. Clinic Details

<p>Clinic Type (Tick all that apply):</p> <p><input type="checkbox"/> Vaulting Clinic</p> <p><input type="checkbox"/> Lunging Clinic</p> <p><input type="checkbox"/> Judge Clinic</p> <p><input type="checkbox"/> Coach Clinic</p> <p><input type="checkbox"/> Other (please specify): _____</p> <p>Target Audience (e.g., beginners, elite vaulters):</p> <p>Expected Number of Participants:</p>
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## 4. Clinicians

Have clinicians been booked? (Y/N): If yes, list names and qualifications:	
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## 5. Additional Information

Any other details or requests relevant to your clinic:
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Please submit this form to ***[Insert Contact Email]***