



## EXPRESSION OF INTEREST (EOI) FOR MORE INFORMATION

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Postal Address \_\_\_\_\_

Suburb \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone (H) \_\_\_\_\_ (voice or TTY or both)

Phone (B) \_\_\_\_\_ (voice or TTY or both)

Mobile \_\_\_\_\_ (voice or SMS or both)

Fax \_\_\_\_\_

Email \_\_\_\_\_

Gender \_\_\_\_\_ 'Deaf' or 'Hard of Hearing' or 'Hearing' \_\_\_\_\_

Communication Preference (circle)

Auslan    Oral / Speech    Other \_\_\_\_\_

Please indicate the sport/s you would like to receive more information about

	Athletics (Track & Field)		Shooting
	Badminton		Soccer
	Basketball		Squash
	Cricket		Swimming
	Cycling		Table Tennis
	Darts		Tennis
	Eight-Ball		Tenpin Bowling
	Golf		Volleyball
	Lawn Bowls		Water Polo
	Netball		Wrestling
	Orienteering		Major Events

Please indicate if you are a member of DSA

Yes

No

Please forward to:

*Deaf Sports Australia*

e: [dsa@deafsports.org.au](mailto:dsa@deafsports.org.au) or f: (03) 9473-1122 or

p: Level 3, 340 Albert St, East Melbourne VIC 3002