



FIELD TESTING SESSION

Booking Form

Please enter your contact details below and return to ERA by **mail or fax (03) 9480 1855**.

Coach Name: _____ **Team/Club:** _____

Email: _____ **Mobile No.:** _____

Test Session: Design your own test session by selecting up to six tests from any of the categories listed below (except: Fatigue & Recovery). Place an 'X' in the box next to the tests to indicate your preferences.

Body Composition:

- Height & Body Mass
- Skinfolds (Sum of 7)

Lower Body Power:

- Double Leg Vertical Jump
- Single Leg Vertical Jump
- Running Vertical Jump

Fatigue & Recovery*:

- Lactate Testing
- Hydration Testing

Note: *Additional cost

Aerobic Power:

- Multi-Stage Fitness Test (Beep Test)
- Yo-Yo Intermittent Recovery Test

Speed:

- Sprint Testing (20 m, 30 m, 40 m)
- Repeat Speed Ability (RSA) (e.g. 20 m, 120 m)

Agility:

- AFL Agility Run
- Modified Illinois
- 505
- Other: _____

Flexibility:

- Sit and Reach
- Hamstring, Calf, Hip Flexor

Other Tests: (e.g. strength testing)

- _____
- _____

Booking Details:

Date	Start Time	Venue/Address	Athlete No.	Cost
E.g. 26/5/10	9:00 am	MSAC/ Albert Park Dr, Albert Park	25	\$550.00
Total Cost			\$	

Session Cost: 1 – 25 athletes \$ 660.00 (flat rate)
 26+ athletes \$ 660.00 (flat rate) + \$ 33.00 p.p. in excess of 25 athletes

Payment Details: Payment is required in full one week prior to the session. Please make payments to Exercise Research Australia via cheque/money order or direct debit:

Exercise Research Australia Pty Ltd
 PO BOX 212
 Fairfield VIC 3078

Direct Debit:
 A/C Name: Exercise Research Australia
 BSB#: 083 004
 A/C#: 555 530 128

For further information please contact us on **(03) 9480 1800** or visit www.exerciseresearch.com.au.

TERMS & CONDITIONS:

Venue Booking: Clubs are responsible for all venue bookings. The ERA testing team will travel to your venue if located within 20 km of CBD.

Session Duration: Approx. 2 hours depending on test numbers to be confirmed at the time of booking.

Set-up & Pack-up Time: Please ensure we have access to the venue 45 min prior and 15 min after the session.

Office Use Only: Staff ID: _____	Conf. Sent: Y / N	Date: _____	Invoice No.: _____
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