



PLEASE TYPE YOUR DETAILS IN THE [SPACE PROVIDED] BELOW AND RETURN VIA EMAIL. **IMPORTANT:** PLEASE SAVE THIS FILE AS YOUR NAME AND THE TEST BOOKING MONTH PRIOR TO EMAILING (E.G. JOHN_WHITE_JAN_09)

ERA ATHLETE CONTACT DETAILS			
FULL NAME			
SPORT			
LEVEL/CLUB			
PHONE	HOME ()	WORK ()	
MOBILE			
EMAIL			
COACH/REFERRING PERSON			
ERA TESTING SERVICES			Staff ID:
BOOKING TYPE	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GROUP (1- 9 ATHLETES) <input type="checkbox"/> GROUP (10 + ATHLETES)		
TESTING PACKAGE	<input type="checkbox"/> BASELINE TEST: BODY COMP, MAX. HEART RATE, TRAINING ZONES <input type="checkbox"/> LACTATE TEST: BODY COMP, MAX HR, LACTATE PROFILE, LT1, LT2 <input type="checkbox"/> EDGE TEST: BODY COMP, VO ₂ MAX, MAX. HR, LT2 <input type="checkbox"/> ELITE TEST: BODY COMP, VO ₂ MAX, MAX. HR, LACTATE PROFILE, LT1, LT2		
TEST TYPE	<input type="checkbox"/> CYCLE TEST: CYCLE ERGOMETER PEDAL TYPE: CRANK LENGTH: <input type="checkbox"/> RUN TEST: TREADMILL <input type="checkbox"/> ROW TEST: ROW ERGOMETER 2000 M TIME:		
COACHING	ARE YOU INTERESTED IN OUR COACHING SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DO YOU REQUIRE A MEDICAL CLEARANCE?			
AGE CATEGORY	Select age category		
ATHLETE HISTORY / EVENTS			
INJURY CONCERNS			
UPCOMING EVENTS			
BOOKING DETAILS			
OPTION ONE	DAY: Select from list	DATE: (E.G. 25/01/09)	TIME: Select from list
OPTION TWO	DAY: Select from list	DATE: (E.G. 25/01/09)	TIME: Select from list
OFFICE USE			STAFF ID:
BOOKING DATE	DAY:		
COST	DISCOUNT: Office Use	TOTAL COST: \$.00 (INCL. GST)

PAYMENT DETAILS

PLEASE ENSURE PAYMENT IS MADE IN FULL TO ERA VIA CHEQUE, MONEY ORDER OR DIRECT DEBIT PRIOR TO TESTING.

EXERCISE RESEARCH AUSTRALIA PTY LTD
 PO BOX 212
 FAIRFIELD VIC 3078

DIRECT DEBIT
 A/C NAME: EXERCISE RESEARCH AUSTRALIA
 A/C NO.: 555 530 128
 BSB NO.: 083 004

FOR FURTHER INFORMATION PLEASE CONTACT US BY PHONE **(03) 9480 1800** OR VISIT www.exerciseresearch.com.au