



# Australian Calisthenic Federation

## Examiners Advisory Board

~ Order Form ~

### Progress Certificate, Certificates, Stickers and replacement cloth badges

**Please complete one order form per candidate**

ABN 83 741 804 818

Patrons: Mr Bill Scott  
Ms Frances Bedford JP MLA

Correspondence:

ACFEAB  
PO Box 66  
Belair SA 5052  
0409 521990  
ptd@netspace.net.au  
[www.calisthenicsaustralia.org](http://www.calisthenicsaustralia.org)

Name \_\_\_\_\_  
Email contact \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Postal Address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_  
Mobile Phone \_\_\_\_\_ Phone \_\_\_\_\_

**Exam Number** (applications will not be processed without an exam number) \_\_\_\_\_  
Affiliated club (at the time of presenting for exam) \_\_\_\_\_

Number of progress certificates \_\_\_\_\_ @ \$15.50 (including postage)

Number of individual certificates \_\_\_\_\_ @ \$6.50 each (including postage)

Number of Stickers \_\_\_\_\_ @ 30 cents each ( if ordering separately to the certificate include a stamped self addressed business size envelope)

Number of cloth badges \_\_\_\_\_ @ \$1.00 each ( if ordering separately to the certificate include a stamped self addressed business size envelope)

Level	Indicate if ordering individual certificate	Number of stickers	Number of cloth badges
Test 1			
Test 2			
Test 3			
Grade 1			
Grade 2			
Prep 3			
Grade 3			
Grade 4			
Bronze Medal			
Silver Medal			
Gold Medal			

**Total amount enclosed**  
\$.....

#### Achieved levels verified by state/territory administrator

I \_\_\_\_\_ (insert name of state/territory administrator) verify that this candidate \_\_\_\_\_ (insert candidate number) has achieved the above levels \_\_\_\_\_  
Administrators signature \_\_\_\_\_ Date \_\_\_\_\_

**Completed form must be verified by state/territory administrator and then forwarded by the candidate with correct payment , self addressed envelope if ordering stickers or badges separately to ACFEAB, PO Box 66, Belair SA 5052**