



INTERMEDIATE CAMP APPLICATION FORM STRATFORD

Friday 22 July- Monday 25 July 2011

COACH: Donna Bouzaid

NAME:
(First Name) (Surname)

ADDRESS:.....

EMAIL ADDRESS:

PHONE:CLUB:

REGISTRATION NO: AGE:

1. I confirm that I am a financial member of my Club for the 2011/2012 season.
2. I am in Training - sessions per week. I am swimming a programme of approximately metres per session.
3. My Coach is
4. My Mother/Father is willing to assist at camp on the following day/nights.
Day Time
Day Time
5. My Mother/Father will stay overnight at the camp on:
.....

Please return this application form no later than **Friday 1 July 2011** to:

Operations Manager: Julie Owen
Operations Manager
Swimming Taranaki
8 Aotea Street
New Plymouth
Email: tscadministrator@globe.net.nz

Please do not send any money with this application. Camp fees once you are accepted go to your own club treasurer who will forward one cheque for all swimmers to Swimming Taranaki.

Please complete a separate form for each child in your family taking part in the camp.

IMPORTANT: A hard copy of this form must be sent to the Operations Manager