



## JUNIOR CAMP APPLICATION FORM

Saturday 15 October-Sunday 16 October 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:  
.....
6. **IT IS EXTREMELY IMPORTANT WHEN DROPPING OFF YOUR CHILD ST MARY'S HOSTEL TO PLEASE CHECK IN WITH THE CAMP MANAGER BEFORE LEAVING.**

Please return this Application form by **Friday 23 September 2011**

to:

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

Please do not send any money with this application. Camp fees once you are accepted, will be invoiced to your club 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.**