



FREESTYLE CLINIC APPLICATION FORM
VENUE: STRATFORD
Saturday 20 August & Sunday 21 August 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/night.
Day Time
Day Time
5. My Mother/Father will stay overnight at the camp on:
.....

Please return this Application form to:
Operations Manager: **Julie Owen**
Address: 8 Aotea Street, New Plymouth
Applications close Friday 5 August 2011.

Please do not send any money with this application. When you are accepted camp fees 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.