



JUNIOR FREESTYLE CLINIC APPLICATION FORM
VENUE: STRATFORD
Sunday 13 November 2011

COACH: DONNA BOUZAID

Please view camp criteria before sending in your application or speak with your coach

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 2011/20012 season.
2. I am in Training - sessions per week.
3. My Coach is

Please return this Application form to:
Operations Manager: **Julie Owen**
Address: 8 Aotea Street, New Plymouth
Applications close Tuesday 1 November 2011.

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.