

CALIFORNIA TRACK & FIELD TOUR 2016 APPLICATION

NAME _____

ADDRESS _____

HOME PHONE _____

CELL PHONE _____

EMAIL _____

Parent's E-Mail (If 18 or under) _____

Date of Birth _____ Birthplace _____ Male or Female _____

SCHOOL _____ YEAR _____

CLUB _____

COACH _____

COACH'S PH. NUMBER _____ E-MAIL _____

PASSPORT NUMBER _____ PASSPORT EXPIRY DATE _____

EXACT NAME ON PASSPORT _____

| EVENT | BEST MARK | PLACE OF PERFORMANCE | DATE OF PERFORMANCE |
|-------|-----------|----------------------|---------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
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| _____ | _____ | _____ | _____ |

Please return to:

Greg Lautenslager
Coach/Director
National Academy of Distance Running
PO Box 3197
Richmond, Nelson 7050
Or scan and send via e-mail to: coach@nzrunningacademy.co.nz