

YOUNG OLYMPIANS

“Realising Your Dreams”

ATHLETICS
NEW ZEALAND



YOUNG
OLYMPIAN

Young Olympians CAMP Application Form

Name

Surname

Postal Address

Phone No.

DOB

Club

School

Email

Holiday Address Contact and phone contact if different from above in early January

Fax Contact if applicable

Coaches Name:

APPLICATION CATEGORY (NB. If top three Senior you are assured a place).

TOP 3 in NZSS CHAMPIONSHIPS SENIOR

Please tick

TOP 3 NZSS CHAMPIONSHIPS JUNIOR

4th – 6th NZSS CHAMPIONSHIPS SENIOR

Please list Events for which you have QUALIFIED in automatically or by application

Do you wish YOC Extra (\$50 per day) Yes _____ No _____

Applications Close

24 December 2002

PARENTS OR GUARDIANS APPROVAL

Signed _____
Name

Post to

Alec McNab
101 Liverpool Street, Wanganui
Ph/Fax (06) 345 7910