YOUNG OLYMPIANS





Young Olympians CAMP Athletes Application Form

Name	Surname	
Postal Address	Phone No.	DOB
	Club	
Email		
	School	
Holiday Address Contact and phone contact	ct if different from above in ea	arly January
		,
Fax Contact if applicable	Coaches Name:	
APPLICATION CATEGORY (NB. If top three	e Senior you are assured a pla	ce).
TOP 3 in NZSS CHAMPIONSHIPS SENIOR	Please tick	
TOP 3 NZSS CHAMPIONSHIPS JUNIOR		
4 th – 6 th NZSS CHAMPIONSHIPS SENIOR		
4" - 6" NZSS CHAMPIONSHIPS SENIOR		
Please list Events for which you have QUA	LIFIED in automatically or by	application
Are you competing at the Sylvia Potts Meeting and January? Do you wish transport to and from Wellin Please apply for this service or for just bed and br	ngton on Sunday the 15 th at 3pm and	return Wednesday 18 th ?
Applications Close	22 December 2005	
PARENTS OR GUARDIANS APPROVAL	Signed	
Post to Sarah/Laura Tatton	Name	
P O Box 46	NB \$100 deposit due by 22	rd December
Feilding		YES/NO
Or Fax to 06 3237883 sarahtatton@hotmail.com	Transport from Hastings Transport from Wellington	YES/NO YES/NO