

New Zealand Women’s High Performance Camp

Gore 14 - 16 July 2017

Registration Form

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| Last name: |
| First name/s: |
| Address 1: |
| Address 2: |
| Address3: |
| City: |
| Mobile Number: |
| Email address: |
| Date of Birth: |
| Country of birth: |
| Citizenship/s: If not NZ, LOA/ITC obtained when? |
| Current club/team: |
| Position: |
| Shoot/save L/R: |
| Emergency contact details |
| Emergency contact name: |
| Relationship to participant: |
| Emergency contact mobile: |
| Emergency contact email: |
|  |
| Any recent injuries or medical issues? |
|  |
| Any dietary issues or requirements? |

Please return to Philippa Kaisser <philippa.kaisser@vodafone.co.nz> and / or

Jonathan Albright <jonathan\_albright@me.com> by 1 June 2017.