

Aoraki Secondary School Sports Academy Nomination Form

Full Name: _____

Address: _____

Phone: _____ Mobile # _____

E-mail: _____

Date of Birth: _____ Sex: _____

School Attending: _____

Circle Current Year (11, 12, 13)

Circle Type of Sport

ATHLETICS (field) CRICKET NETBALL ROWING

Coaches Name: _____

Address: _____

Phone # _____ Mobile # _____

Sporting Achievements **(April 2008 to April 2010, state dates of successes)**

International _____

National _____

South Island _____

Regional _____

I give permission for _____ to take part in the Elite Aoraki Secondary Sports Camp from Thursday 24th June to Sunday 27th June 2010.

Signed _____ (Principal)

Signed _____ (Parent/Guardian)

Signed _____ (Sports Co-ordinator)

Signed _____ (Athlete) Cell # _____

Email: _____

Registrations due on or before Friday 4th June 2010 to:

Aoraki Secondary School Sports Director
P.O. Box 634
Tmaru