



# VICTORIA AGE GROUP CHAMPS 2015

## Swimmer Selection Availability Form

Completed forms to be emailed to [lisa.phil.rowe@xtra.co.nz](mailto:lisa.phil.rowe@xtra.co.nz)



### Central Swimming Team to 2015 Victoria Age Group Champs Travel period - 10th to 19th December 2014

Name in full as per passport	
Gender	
Date of Birth	
Nationality	
Passport	No: _____ Expiry date: _____
Address	
Email	
Home Phone	
Mobile phone	
<b>Club/Coach Details</b>	
Club	
Region	
Coach	
Coach Email	
Coach Mobile	
Club/Coach Details	
<b>Emergency Contacts</b>	
Emergency Contact Name	
Relationship to You	
Mobile Phone	
Home Phone	
Work Phone	
<b>Uniform Sizing</b>	
Tee Shirt	
Sweatshirt	
Shorts	



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### Swimmer Declaration

Full Name of Swimmer: \_\_\_\_\_

- I am available for selection for the tour and competition above.
- I agree to the **User Pays** component of the tour. I understand that the quoted amount of \$3,000 is a maximum sum and that costs may be lower but will NOT exceed the amount of \$3,000
- I agree to the pay the following:
  - ◆ \$100 deposit on Confirmation of Availability (non-refundable)
  - ◆ \$500 further deposit on the **1st of October 2014**
  - ◆ **Balance owing on the 1st of November 2014**

Please supply *your* bank account details in the event there is a surplus available for refund at the end of the tour.

Account Name: .....

Account Number: .....

**Account details: Central Swimming Inc 12-3134-0067175-00**

Full Name of Parent/  
Guardian: \_\_\_\_\_

I/We (parent/guardian named above) agree to and accept the user pays component of this tour. As the parent/guardian, I/We understand that the quoted amount of \$3,000 is a maximum sum and that costs may be lower but will NOT exceed the amount of \$3,000.

**YES** Signed: .....

Dated: .....