

REGISTRATION FORM

COMPLETE THE FORM, ENCLOSE FEES AND SEND TO:

POST

Abigroup National Rugby Camp, PO BOX 1417, Armidale NSW 2350

PARENT DETAILS

Mr/Mrs/ Miss/Ms _____

Email _____

Address _____

City _____

State _____ P/code _____

Contact No _____

PLEASE READ & SIGN BELOW

I/We authorise the Camp Director to arrange any medical treatment needed by this camper and have no objection to the camper participating in all scheduled activities. I/We understand Rugby Union is a full-body contact sport.

Signature: _____

CAMPER'S DETAILS

Male Female Date of Birth __/__/____

Name _____

School _____

Club _____

Medical Conditions or Allergies

T-shirt size (please circle):

| | |
|----------|----------|
| Kids | Adults |
| 10/12/14 | S/M/L/XL |

Option A \$100 (8 - 10 yr olds)

Option B \$380 (11 - 17 yr olds, live in)

Option C \$295 (11 - 17 yrs, live out)

PAYMENT DETAILS

Credit Card/Cheque/Money Order Amt \$ _____

(Please make cheques out to **Rugby Worldwide Pty Ltd**)

Bankcard MasterCard Visa

Name on card: _____ Signature: _____

Card No: _____ / _____ / _____ / _____ Expiry date: _____ / _____