

THE SHARKS ACADEMY JULY CAMP 2017

APPLICATION FORM



If you are interested in The Sharks Academy Camp and would like to join us, please complete this form and return Annelien Richter on annelien@sharksacademy.co.za.
Alternatively, you can contact us on +27 31 303 2931

Who referred you: _____

Student's Details

Surname	_____		
First Name/s	_____		
Tel No (Cell)	_____		
Passport No.	_____	Date of Birth	_____
Province	_____	School	_____
Position/s	_____		
Height	_____	Weight	_____
Size (S,M,L,XL,XXL)	_____		
Rugby Achievements	_____		

Parent / Guardian's Details

Surname	_____		
First Name/s	_____		
Title	_____	Relationship	_____
Tel Number	_____	Fax Number	_____
Cell Number	_____	E-Mail	_____
Postal Address	_____		