

**Appendix A – Camp Participant Nomination Form – Please print clearly**

I would like to nominate for:                      **Rise Up Camp**                      **T.O.A.D Camp**

<b>Full Name:</b>	<b>Date of Birth:</b>	<b>Age:</b>	Male	Female	
<b>Postal Address:</b>		<b>Postcode:</b>			
<b>Telephone (H):</b>		<b>Mobile:</b>			
<b>Parent Email:</b>					
<b>Surf Club:</b>					
<b>Shirt Size:</b>	X-Small (12)	Small (14)	Medium (16)	Large (18)	X-Large (20)

Bicycle skill level:              **Beginner**                      **Intermediate**                      **Advanced**

<b>APPLICANTS SIGNATURE:</b>	
	SIGNATURE

<b>GUARDIANS SIGNATURE:</b>	
	SIGNATURE

**CLUB ENDORSEMENT**

<b>CLUB OFFICER:</b>	Name: _____  Position: _____  Signature: _____  PARTICIPANTS CLUB RANKING _____
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Return completed form to SLSWA contact via email [dsomers@swwa.com.au](mailto:dsomers@swwa.com.au)