



SCHOOL HOLIDAY CAMP – ATTENDANCE CONFIRMATION

PLAYER NAME: _____ D.O.B: _____

CONTACT NAME: _____ MOBILE: _____

ADDRESS: _____

HOME NUMBER: _____ EMAIL: _____

TEAM PLAYS FOR: _____ AGE/GRADE: _____

Week 1: Week 2:

Payments can be made by Cash, Cheque or Money Order on the first day of the camp

RETURN CONFIRMATION BY FAX TO 8569 1535 OR EMAIL TO
gclarkson@ozemail.com.au