

# ALPG NEXT GENERATION CAMP

|   |                                 |                       |  |
|---|---------------------------------|-----------------------|--|
| <b>VENUE:</b>   | <b>Royal Canberra Golf Club</b> | <b>DATE:</b>          | <b>14-16<sup>th</sup> January<br/>2015</b> |
| <b>FULL NAME:</b>   |                                 |                       |  |
| <b>ADDRESS:</b>   |                                 | <b>P/CODE:</b>        |  |
| <b>PHONE NO'S:</b>  | <b>HOME:</b>                    |                       | <b>MOBILE:</b>                             |
| <b>EMAIL:</b>   |                                 | <b>D.O.B.</b>         | <b>CURRENT HANDICAP</b>                    |
| <b>SIGNATURE OF NOMINEE:</b>                              |                                 | <b>CURRENT COACH:</b> |  |
| <b>EMERGENCY CONTACT<br/>DETAILS:<br/>PARENT/GUARDIAN</b> | <b>NAME:</b>                    | <b>Phone:</b>         |  |
|   | <b>SIGNATURE:</b>               |                       |  |

Please advise the ALPG and provide information on any of the following arrangements or requirements:

1. Medical Conditions: \_\_\_\_\_
2. Dietary requirements or restrictions: \_\_\_\_\_
3. Restrictions on Physical Activity: \_\_\_\_\_
4. Travel arrangements **to** the camp: \_\_\_\_\_
5. Travel arrangements **from** the camp: \_\_\_\_\_

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**Notes:**

- a) By signing this entry form, you, the parent give consent to ALPG to copy or reproduce images of your child (whether by photo, film or electronic or printed media) without the acknowledgement of yourself or child and without entitlement to any remuneration of compensation now or in the future.
- .....

**Please return completed form to ALPG by either of the following:**

**PO Box 1090, Nerang QLD 4211**

**Email: [leeh@alpg.com.au](mailto:leeh@alpg.com.au)**

