



Applicant details

Name:	<input type="text"/>	Surname:	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>		
Date of Birth:	<input type="text"/>	Age:	<input type="text"/>
Tel Home:	<input type="text"/>	Cell:	<input type="text"/>
T-Shirt Size (Circle):	<input type="text" value="Small"/>	<input type="text" value="Medium"/>	<input type="text" value="Large"/> <input type="text" value="Extra large"/>
Tel Father:	<input type="text"/>	Tel Mother:	<input type="text"/>
Allergies:	<input type="text"/>		
<p>I, _____ (Please print) confirm that I am the legal Parent / Guardian of _____ Male / Female (Please print) and request that you allow him / her to take part in the RYLA camp from the 27th August to the 30th August 2009</p> <p>In the knowledge that all reasonable precautions will be taken for the safety and welfare of my child / ward and his / her property, I indemnify Warriors, together with its owners and employees and Rotary District 9250 against any liability arising from any form of injury, damage or loss, howsoever caused</p>			
Signed:	<input type="text"/>	Date:	<input type="text"/>

Sponsoring Rotary Club Details

Club Name:	<input type="text"/>		
Contact person:	<input type="text"/>		
Tel:	<input type="text"/>	e-mail:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>

Times: Arrival: 16h00hrs on Thursday the 27th Aug. Departure 12h00hrs on Sunday 30th Aug

Cost: R 650.00 per person

It is the responsibility of each club to deliver and collect their students

Payments to be made to:

Banking Details:

Bank Name: ABSA – 14 Danie Joubert str, Tzaneen, 0850
Branch code: 33 43 49
Acc Name: Warriors Skills CC t/a Warriors
Acc type: Cheque
Acc Number: 405 962 8285
Reference code: RYLA - Initials & name of applicant and club name (Very Important)

Please Fax deposit slip to: 086 672 4526 or e-mail to: rudi@mweb.co.za or rene@warriors.co.za

For any enquiries contact: Rene Viljoen: 082 802 0823 or Rudi: 082 802 0880