

## SUBMIT FORM

Complete form, enclose fees and send to:

### POST

Abigroup National Rugby Camp  
PO BOX 1417  
Armidale NSW 2350

### FAX

Fax: (02) 6772 4538

## PARENT DETAILS

Mr/Mrs/ Miss/Ms \_\_\_\_\_  
Email \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ P/code \_\_\_\_\_  
Contact No \_\_\_\_\_

### PLEASE READ & SIGN BELOW

I/We authorise the Camp Director to arrange any medical treatment needed by this camper and have no objection to the camper participating in all scheduled activities. I/We understand Rugby Union is a full-body contact sport.

Signature: \_\_\_\_\_

## CAMPER'S DETAILS

Male  Female  Date of Birth \_\_/\_\_/\_\_\_\_  
Name \_\_\_\_\_  
School \_\_\_\_\_  
Club \_\_\_\_\_  
Medical Conditions or Allergies  
\_\_\_\_\_  
\_\_\_\_\_

T-shirt size (please circle):

Kids	10	12	14	
Adults	S	M	L	XL

**Option A \$100 (8 - 10 yr olds)**

**Option B \$370 (11 - 17 yr olds, live in)**

**Option C \$295 (11 - 17 yrs, live out)**

## PAYMENT DETAILS

Credit Card/Cheque/Money Order Amt \$ \_\_\_\_\_

(Please make cheques out to **Rugby Worldwide Pty Ltd**)

Bankcard  MasterCard  Visa

Name on card: \_\_\_\_\_

Card No: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiry date: \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_