

Delegate Application



Name:

Address:

Phone:

Mobile:

Email:

Gender: Male/Female

Age:

Parent/Guardian signature if under 18:

.....

A contact phone number to call in emergencies:

Any medical condition we should know about:

I understand that I will be taking part in physical work and I accept the responsibility in carrying out tasks.

Signed

Send to: Surge PO Box 89 New Plymouth

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