

**NEW ZEALAND SURF 'n' SNOW TOURS
SNOW CAMP REGISTRATION FORM**

Name Camp Date.....
Address
Contact Phone No Age.....(Minimum age 10)
Email..... Male / Female

Special Food Requirements.....
Is there anything else we should know?.....
.....

Signed Date
(Parent/Guardian to sign if client under 18 years of age)

EMERGENCY CONTACT DETAILS

Parent/Guardian
Address.....
Home Phone Work Phone.....Mobile.....
Other contact person.....
Home Phone Work Phone.....Mobile.....

**Please complete both the Registration Form and the Conditions of Booking Form
and post or fax to: PO Box 17 509, Greenlane, Auckland.
Fax 09 828 0425. Ph 09 828 0426**

