Snowvision Rising Stars Camp

Expression of Interest Form

Athlete’s Name

Date of Birth

SSNZ Member No.

Parent/Guardian Name

Email Address

Contact Phone Number

Coach Name

Coach Email

Coach Phone Number

Parent/Guardian Signature:

Please email this form to [hannah@snowsports.co.nz](mailto:hannah@snowsports.co.nz) by the 30th June 2017.