

JAMES WILLIAMSON JUNIOR DEVELOPMENT CAMP

14, 15 & 16 November 2014

APPLICATION FORM

Name
Mobile
Address
Email
Date of Birth
Name of Club
Mountain Biking Experience. (eg, what club rides you do, other events, how often do you ride, what are you good at, what are you not so good at)
Add another page here if you need it

Briefly, why would you like to take part in this camp

Name of Club Member writing the reference

Mobile number of referee

Please send this completed form along with the written reference to:

Postal Address

Meg Patey
James Williamson Junior Development Camp
67 Colo Rd
Colo Vale
2575 NSW

OR Email

megnjohn@hinet.net.au

By 7 September 2014