



# Application Form

If you are interested in The Sharks Academy Camp and would like to join us at The Sharks Academy, please complete this form and return to P.O. Box 201254, Durban North, 4016 or

Fax us on (031) 303-7419 or  
Email Annelien at [annelien@sharksacademy.co.za](mailto:annelien@sharksacademy.co.za)

**Who referred you:** \_\_\_\_\_

## Student's Details

Surname	_____		
First Name/s	_____		
Tel No (Cell)	_____		
Passport No.	_____	Date of Birth	_____
Province	_____	School	_____
Position/s	_____		
Height	_____	Weight	_____
Size (S,M,L,XL,XXL)	_____		
Rugby Achievements	_____		
	_____		
	_____		
	_____		

## Parent / Guardian's Details

Surname	_____		
First Name/s	_____		
Title	_____	Relationship	_____
Tel Number	_____	Fax Number	_____
Cell Number	_____	E-Mail	_____
Postal Address	_____		
	_____		