



**AUCKLAND DISTRICT
RSA YOUTH COUNCIL**

**AUCKLAND - NSW RECIPROCAL YOUTH TOUR APPLICATION FORM 2018
Saturday 14th April to Saturday 28th April**

Surname (as shown on passport)		Date of Birth:	
First Names (as shown on passport)		Gender: (circle) Male Female	
Preferred Name			Phone (home) Mobile
Address			
Passport	Country of issue:	Number:	Expiry Date:
School			Class:
Postal Address (School)			Phone
Email Address			
Religious requirements			
Medical/Health problems (if any)			
Medication(s)			
Are you involved in the Kapa Haka group at School?			Yes No
Do you play a musical instrument? If yes what type of instrument?			Yes No
Are you involved in Drama classes			Yes No
Do you have singing lessons?			Yes No
Are you involved in a band of any form?			Yes No

If yes what type of band?	
Are you involved in any form of dancing? eg Ballroom, Latin American, Tap, Highland, Jazz Ballet, Ballet etc. Yes No	
If yes what type of dancing?	
Are you involved in any other indoor sports or activities? Eg Aerobics, Gymnastics, Long pois etc Yes No	
If yes what type of sport or activity?	
Any other interests you may be involved in that would contribute towards making a concert item?	
Applicant I Certify that: 1. I have read and understand the tour rules and conditions attached to this application form. 2. If selected, I agree to comply with those Tour rules and regulations.	
Signature	
Parent /Guardian I/we consent to the Candidate's application and certify that the information provided above is correct. If accepted, I/we agree to reimburse the Auckland District RSA Youth Council for any costs incurred on tour to treat any existing Medical/Health condition. I/we consent to pay for an air ticket back to New Zealand in the event of home sickness, or for discipline reasons outside the normal travel arrangements.	
Signature(s)	
Sponsor Association:	Phone No: Postal Address:
President's Name:	President's Signature
Note: Tour participants must be school students aged 15-17 years as at the start date of the tour.	Association to forward Selected Nominee's application to: Auckland District RSA Youth Council The Secretary, C/o New Lynn Memorial RSA. PO Box 15057, New Lynn Email: j.k.wardley@clear.net.nz