



2014 YOUTH UMPIRING PRE-SEASON CAMP

Booking Form

NAME OF UMPIRE: _____

DATE OF BIRTH: _____

REGION: _____

Eg Brisbane, Gold Coast, Northern Rivers etc

CONTACT NUMBER: _____

EMAIL ADDRESS: _____

PARENT'S NAME _____

PARENT'S MOBILE _____

PARENT'S EMAIL _____

Once we receive an indication of camp numbers, further information will be sent out regarding medical details, indemnity form, payment details and what's required for the camp.

If you have any enquiries please do not hesitate to contact Pierce Field at AFLQ on

07 3033 5439 or pierce.field@aflq.com.au

