

 15 November, 2013

Dear Parents/ Guardians,

In June/July 2014, we will be providing current players with the opportunity to participate in a 3-week basketball tour of the USA**.**

We are looking for expressions of interest for this tour to gauge the level of commitment from our parent/guardian group. This is only an Expression of Interest form, not a final registration for the tour. It will assist in the indication of booking the grouping and for final costing. However, when completing this form, please be at **least 90% committed** to the proposed tour so we can achieve detailed planning.

The 2014 tour will take place in June/July next year during the US AAU summer season. We are working on an itinerary that has the group playing in 2 tournaments (California & Las Vegas) and also offering opportunities to do elite basketball training camps.

**Estimated Tour Costs of between $4,000.00 and $5,000.00 (plus airline taxes) per person depending on final tour numbers and final tour destinations. It would be our intention to off-set this cost with group and individual fund raising activities.**

----------------------------------------------------------------------------------------------------------------

**Player Details:**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2014 Year Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My son/daughter is interested in participating in this tour in 2014

My son/daughter is NOT interested in participating in this tour in 2014

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent/ guardian approve of the information provided above.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE HAVE ALL FORMS RETURNED TO LISA TOWNSEND BY FRIDAY 29th NOVEMBER.**

FOR FURTHER QUESTIONS PLEASE CONTACT LISA TOWNSEND 0409 385 990 OR NATALIE PORTER (NPIRE) 0409 971 828