

KCYP APPLICATION FORM

First Name (s): _____ Surname: _____

Date of Birth: ____/____/____ Home ph number: _____

Street address: _____ Suburb: _____

Email address: _____ Mobile ph number: _____

Are you currently studying? NO YES (please advise year level & school/course name) _____

Please tell us about yourself: _____

What do you know about Kokoda? _____

What do you hope to achieve by participating in the KCYP? _____

How do you think the KCYP might influence your future? _____

Who do you feel will support your involvement in the program? (please specify family members, friends, youth worker, etc)

Can you please tell us about your known or anticipated time commitments in 2010 (work, family, etc).

How do you rate your level of fitness?

Very Unfit

Somewhat Fit

Fit

Very Fit

Do you have any known medical conditions? _____

Please complete and post to: Kokoda Challenge Association, PO Box 481, SOUTHPORT BC Q 4215

or fax to (07) 5507 4242 by Friday 12th March 2010

ERROR: undefined
OFFENDING COMMAND:

STACK: