



ST PETER'S COLLEGE
CATHOLIC SCHOOL FOR BOYS

SPC
SOFTBALL ACADEMY
EST 2010

SPC Softball Academy Application

Surname: _____

First names: _____

Address: _____

Email address: _____

Telephone Numbers: _____

Present Year Level: _____

Date of Birth: _____

My participation level within this sport includes:
(team name, grade, year)

School: _____

Club: _____

Provincial Rep: _____

National Rep: _____

Other Achievements within this sport:

Please Note: Academy sessions will be held **outside** of school hours.
Members will be required to commit to weekend and after school sessions.

I declare the above information be true and accurate and support the
Application for inclusion into the St Peters College Softball Academy –

Parents /Guardian: _____

Student: _____ Date: _____

Please print, complete and return to: Main Office
St Peters College

For further information, please contact:
Academy Administrator
softballacademy@st-peters.school.nz