**APPLICATION FORM TO JOIN THE LHB SUMMER PRORAMME**

[**https://learninghawkesbay.nz/special-programmes/**](https://learninghawkesbay.nz/special-programmes/)

Please fill out this form and email to: regional.manager@learninghawkesbay.nz

By 30 November 2020

|  |  |
| --- | --- |
| **Full Name** |  |
| **School (if enrolled)** |  |
| **Which weeks to enrol****(eg Week 1, 2, 3 or 4)** |  |
| **Contact phone number** |  |
| **Email address** |  |
| **Insurance policy** |  |
| **Name of the emergency contact adult in New Zealand** |  |
| **Phone number** |  |
| **Email address** |  |

**NOTE:**

By submitting this application form and making a payment, you agree to all terms and conditions of this sale as listed on the website and in the introduction document.