



# MENTOR FORM

## Personal details

Name \_\_\_\_\_ Age (Yrs) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Post Code \_\_\_\_\_

Home PH \_\_\_\_\_ Cell PH \_\_\_\_\_ Email \_\_\_\_\_

Gender            Male            Female

Which discipline/s would you prefer to help out as a mentor.	Tick	When is the best time for you to help someone.	
Swimming			
Cycling			
Running			
Nutrition			
Transition Training			
Equipment Information			
Other (please specify)			

Please Fill In This Form And Send It To  
**Hana Wainohu: [weaveitall@xtra.co.nz](mailto:weaveitall@xtra.co.nz)**