



# MENTORING FORM

## Personal details

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

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

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

Gender            Male            Female

Are you training for a particular event, if so which event? \_\_\_\_\_

Which discipline/s do you require mentoring in?	Tick	How much experience do you currently have?	What support can we help provide?
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)