

***Gran Canaria***

***NRG Training Camp***

***April 4 – 13, 2025***

**Application Form:**

A. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C: Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D: Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E. Single or Double Room: \_\_\_\_\_\_\_\_\_\_\_

F. If Double, Name of Companion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Camp Cost:**

Current NRG athlete: Please highlight your camp cost

Double Room: $4500

Single Room:  $5300

Non-NRG athlete:

Double Room: $4600

Single Room: $5400

\*\*note a double room cannot be guaranteed unless you bring a roommate with you, we will do our best to accommodate everyone but if a roommate cannot be found then you will need to pay for a single room

EARLY BIRD DISCOUNT:  For those paid in full by Jan 16, 2025 will get $200 off the above price

The final deadline for the camp will be based on space availability

**Flights:**

Flights: You will be flying into Gran Canaria, Portugal. We will aim to have 2 shuttle pickups one at ~1pm for those arriving in the morning and a second at ~5pm for those arriving in the afternoon

For departures we will have 2 shuttles available, one will be leaving at ~5am for those on early fights and another at ~9am for those leaving on later flights.

Outside of these times you will need make your own way to or from the hotel or we can arrange a transfer for EUR80.

**IN ORDER TO RESERVE YOUR SPOT WE NEED THE FOLLOWING:**

1. Completed application form (fill in and email back this form)

2. Deposit: $1,500.00

Email Transfer to nigel@nrgpt.com

Until January 16, 2024, deposits are refundable, less a $150.00 administration fee.

After January 16, 2024 all payments made are non-refundable for any reason.

**Note we require that all athletes have travel medical insurance coverage**

Medical and Health Information

All responses will remain confidential. Attach additional pages if needed

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please answer yes or no to the following questions, if yes, please provide additional information)

Do you have any medical conditions that we should be aware of?

Are you currently taking any medication?

Do you have any food allergies?

Any other information we should be aware of:

Emergency Contact Information:

Name:

Relationship:

Address:

Phone: