



OPEN FREE CHOICE TEAM REGISTRATION FORM

TEAM NAME:

ASSOCIATION:

	TITLE	NAME	ADDRESS	POST CODE	R M	N M	BIRTHDATE (if <16)	V B	V S	SIGNATURE
	Coach									
	Coach									
	Person									
	Person									
	Marcher 1									
	Marcher 2									
	Marcher 3									
	Marcher 4									
	Marcher 5									
	Marcher 6									
	Marcher 7									
	Marcher 8									
	Marcher 9									
	Marcher 10									
	Marcher 11									
	Marcher 12									
	Marcher 13									
	Marcher 14									
	Marcher 15									
	Marcher 16									



	EMAIL ADDRESS	ETHNICITY NZ European Maori/Asian/Pacifica Other .. please specify	CONVICTION CHECK date sighted
Coach			
Coach			
Person			
Person			
Marcher 1			
Marcher 2			
Marcher 3			
Marcher 4			
Marcher 5			
Marcher 6			
Marcher 7			
Marcher 8			
Marcher 9			
Marcher 10			
Marcher 11			
Marcher 12			
Marcher 13			
Marcher 14			
Marcher 15			
Marcher 16			