



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										

Association Membership/Privacy Officer: Date



	EMAIL ADDRESS	ETHNICITY NZ European Maori/Asian/Pacifica Other .. please specify
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		