



TEAM REGISTRATION FORM

TEAM NAME:

ASSOCIATION: GRADE:

	TITLE	NAME	ADDRESS	POST CODE	R M	N M	BIRTHDATE (if <16)	V B	V S	SIGNATURE
Coach										
Coach										
Chaperon										
Chaperon										
Manager										
Treasurer										
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 (of Parent/Caregiver if Member Under 16)	ETHNICITY NZ European Maori/Asian/Pacifica Other -. please specify	CONVICTION CHECK Report date	CONVICTION CHECK tick report sighted
Coach				
Coach				
Chaperon				
Chaperon				
Manager				
Treasurer				
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				