

		REGISTRATION FORM														TEAM NO:									
								Block letters please																	
Team name:																									
Team Manager:																									
Marae/Club/Iwi:																									
Telephone: day:													Mo	bile:											
Email:																									
Emergency name:											En	erge	ncy pł	none:											
Grad	le: (tick which box)	Women Men							Tamariki: Pepe To						Te	eina Tuakana									
	Team Members:								Year at School								Date of Birth								
1										(Tamariki Only)							(please put an * next to your kaumatua)								
2																									
3																									
4																									
5																									
6																									
7																									
8																									
9																									
10																									
PAYMENT OPTIONS (TICK BOX)						то	IDI	NAM	ENIT	CEEC.	<u> </u>														
, ,						TOURNAMENT FEES: All Senior Grades: \$100.00 (Tamariki grade is FREE)																			
·							REFUND POLICY															l			
ASB, Te Oranganui Trust, 12-3163-0020253-00. Use					If you withdraw within seven days of the event you will not receive a refund. Before this time you will be															ll be					
code: WhaBball particulars: TEAMNAME ref: team captains surname and first initial (you must attach						refunded your full entry fee. In the event of cancellation all fees will be refunded.																			
evidence of payment to your entry form)						EMAIL/POST/DROP OFF ENTRY FORM Scan and email your signed entry form to: events@teoranganui.co.nz with evidence of online payment.															nt				
☐ Cash may be paid in person at Te Oranganui, 57						Scan and email your signed entry form to: events@teoranganui.co.nz with evidence of online payment. Or Post or drop off to: Te Oranganui, P O Box 611, Whanganui or 57 Campbell Street, Whanganui with																			
Campbell Street, Whanganui					payment or evidence of online payment.																				
☐ Receipt Please tick here if you require a GST receipt					WAIVER & RELEASE STATEMENT (signed by team manager on behalf of team)																				
MEDICAL INFORMATION													led is ad videos t		-	-	_								
Do you or any of your team members have any existing						pur	ose	s with	out p	aymer	nt. I/\	ve un	dersta	nd that	by er	ntering	this e	vent I	/we he	reby	waive	relea	se and		
medical conditions that we need to know about in case you/they need medical attention?														sers, vo ipation									s event ter and		
No Yes (provide details below)									-					re respo											
									_					ing or v he haza											
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						gua	ant	ee of	safety	. I/W	e acce	pt tha	t I/we	have a	an imp	ortant	trespo	nsibili	ty to c	arefu	ly foll	ow all	safety		
														fings ar ers I co											
							not entirely clear to me or any team members I confirm aware of this statement and that each of them confirm thi																		
						SIG	SIGNED:(Team Manag									ger)		ATE:							

