*Please complete one form per team and complete all details per player*

*Entry* ***NOT*** *complete unless team roster provided*

Email complete signed entry to: admin@basketballhawkesbay.co.nz or Fax to BBHB: 843 3019

|  |  |  |  |
| --- | --- | --- | --- |
| **TEAM NAME:**  |  | **SCHOOL/CLUB:** |  |

**GRADE:**

|  |  |
| --- | --- |
| **YEAR LEVEL** | *Select (Tick) One* |
| 1-4 |  |
| 5&6 |  |
| 7&8 |  |
|  |  |
| **ADDITIONAL COMMENTS/REQUESTS:** |

**CONTACT:**

|  |  |  |  |
| --- | --- | --- | --- |
| **CONTACT PERSON:** |  | **MOBILE PHONE:** |  |
| **EMAIL:** |  |

**TEAM ROSTER / PLAYER REGISTRATION *(All fields required)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **FIRST NAME** | **SURNAME** | **GENDER****(M or F)** | **DATE OF BIRTH****(dd/mm/yyyy)** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |
| **9** |  |  |  |  |
| **10** |  |  |  |  |

**DECLARATION: I have read and understood the terms & conditions of entry contained on the competition notice and in the Competition By Laws , Rules and Regulations.**

**Signed:**

**School/Club Representative**

***All costs incurred in the collection of overdue accounts will be payable by the school or signatory for club teams.***