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

Email complete signed roster to: [admin@basketballhawkesbay.co.nz](mailto:admin@basketballhawkesbay.co.nz) or Fax to BBHB: 843 3019

|  |  |  |  |
| --- | --- | --- | --- |
| **TEAM NAME**  **& UNIFORM MAIN COLOUR:** |  | **SCHOOL:** |  |

**GRADE:**

|  |  |  |  |
| --- | --- | --- | --- |
| **GAME NIGHT** | *Select (Tick) One* | **DIVISION** | *Select (Tick) One* |
| MONDAY - JUNIORS |  | 1 |  |
| FRIDAY - SENIORS |  | 2 |  |
|  |  | 3 |  |
| **ADDITIONAL COMMENTS/REQUESTS:** | | | |

**COACH DETAIL:**

|  |  |  |  |
| --- | --- | --- | --- |
| **COACH NAME:** |  | **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** |  |  |  |  |
| **11** |  |  |  |  |
| **12** |  |  |  |  |

**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 Representative**

***All costs incurred in the collection of overdue accounts will be payable by the school.***