2010 Aoraki Secondary Schools
Junior Basketball Championship
BOYS 4th AUGUST & GIRLS 5th AUGUST
Entry Form (DUE 23rd July)

SCHOOL:_____

T.I.C. of Basketball:_____
Contact Phone: **Wk**_____**Mobile** _____

Referee's Name: _____
Contact Phone: **Wk**_____**Hm**_____
Fax_____**Mobile**_____
Experience: _____

TEAM NAME:_____**Grade A or B Boys Girls**(Please Circle)

TEAM NAME:_____**Grade A or B Boys Girls**(Please Circle)

TEAM NAME: _____**Grade A or B Boys Girls**(Please Circle)

TEAM NAME: _____**Grade A or B Boys Girls**(Please Circle)

Number of teams entering		Total
	@$50 per team	
	Total	

PAYMENT OPTION (please circle)

Direct Credit
030887/0296569/00/50

Cheque in Post
P.O. Box 634
TIMARU.

Invoiced

Cheque on the day to Bob

ENTRY FORM: Emailed to regsport@xtra.co.nz OR Faxed to (03) 686 3669

Name:_____ Signature:_____ Date:_____

Looking forward to two more fine events!

Bob Pringle
(Aoraki R.S.D.)

C:\Documents and Settings\Sports Trust\My Documents\RSD\Basketball\2010\ENTRY FORM 2010 .doc