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## 2009 Registration Form - Officials

We are very pleased to continue our focus on the well-being of our communities through positive partnership with "Road Safety Trust". The 2 year partnership covers all aspects of BBNZ programmes, from social and grassroots level through to elite. This is a fantastic opportunity to 'drive' an important safety message to the community and give BBNZ programmes a better exposure on a national scale.

**PLEASE PRINT ALL DETAILS CLEARLY** – Circle appropriate activity/activities

Referee	Table Official	Evaluator	Other
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<b>Personal:</b>			
First Name		Surname	
DOB:		<b>BBNZ No#</b>	
<b>Address:</b>	Physical		Postal
Street # and Name		PO Box Number	
Suburb:		Suburb:	
City:		City:	
Postcode:		Postcode:	
<b>Phone:</b>			
Home:		Work:	
Mobile:		Fax:	
<b>Other Contact Details:</b>			
Primary email:			
Secondary email:			
<b>Official details:</b>			
Association:			
Referee Grade:		Table Official Grade:	
Evaluator Grade:		Active or Inactive:	

**Please forward your cheque payment of \$20 with this form.**  
You must be registered with BBNZ before you can be considered for official duties at BBNZ events.

<p><b>Please return to:</b>  <b>Officials Registration</b>  <b>Basketball New Zealand</b>  <b>PO Box 6052, Marion Square</b>  <b>Wellington 6141</b></p>	<p style="text-align: center; background-color: black; color: white; margin: 0;"><b>OFFICIAL USE ONLY</b></p> <p><input type="checkbox"/> Cheque Details  <b>Name:</b>  <b>Bank Details:</b>  <b>Date Received:</b>  <b>Receipt No#:</b>  <b>Prepared by:</b></p> <p style="text-align: right;"><b>Date:</b></p>
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