



## Development Cluster Camp 1 - Registration Form

### SESSION TIMES

U17 (1992/1993) - Registration 11:00am; Camp 11:30am – 5:00pm U15 (1994/1995) - Registration 12:50pm; Camp 1:20pm – 6:50pm

### SECTION 1 – Essential to fill out

<b>Name:</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
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I have previously attended (please tick):

- Regional High Performance Camp  2008 All New Zealand Camp

If you have ticked any of the boxes above, please continue onto Section 3 unless your contact details have changed.

### SECTION 2 – only fill out if details have changed from previously attended events or if this is the first event for 2008

Please print and tick the appropriate box:

<b>Address:</b>		<b>Date of Birth:</b>
<b>City/Town:</b>		<b>Country of Birth/Citizenship(s):</b>
<b>Home Telephone:</b> ( )	<b>Day or Mobile Number:</b> ( )	<b>Parent's Email Address:</b>
<b>Association Registered With:</b>		<b>School Name:</b>
<b>Position(s) Played:</b>	<b>Height:</b>	<b>Clothing Size:</b> <input type="checkbox"/> Boys <input type="checkbox"/> Girls (please circle) XS S M L XL XXL

In order to be eligible to attend the Development Cluster Camps, athletes must:

- ✓ Be a registered member of a BBNZ Association and have your registration form signed by a nominated BBNZ/Association coach
- ✓ Been identified by a BBNZ coach or endorsed Association official to play at a level above that of an association representative
- ✓ must be eligible in the following age groups: U17 – Born 1992/93, U15 – Born 1994/95,

### SECTION 3 – Essential to fill out

**Basketball New Zealand/Association Nomination –**

Please confirm that the registering athlete has exhibited the potential to play at a level exceeding Association level competition.

<b>BBNZ/Association Official or Coach:</b>	<b>Signature:</b>
<b>Phone:</b> ( )	<b>Email Address:</b>

### SECTION 4 - Essential to fill out

My son/daughter will be attending the Development Cluster Camp 1 (please tick 1 venue and 1 age group):

- Auckland (17 May)  Palmerston North (17 May)  Cambridge (17 May)  
 Christchurch (18 May)  Dunedin (18 May)  
 U15  U17

My son/daughter would like to be considered for selection for the 2009 Koru Tour to Australia

(Dates: January 7 – 18 2009 Cost: approx \$2600.00)

- Available for selection  Unavailable for selection

Parent/Guardian's Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print) (Parent/Guardian's signature)

### PLEASE COMPLETE AND SIGN THIS FORM (one per person)

Return this registration form to Basketball New Zealand along with a cheque (made payable to Basketball New Zealand) or money order for \$35 by **Friday 25 April**. To arrange direct deposit and for further information contact:

Phone: (04) 498 5960  
 Email: [jemma@basketball.org.nz](mailto:jemma@basketball.org.nz)

Address: PO Box 6052  
 Marion Square, Wellington