Development Cluster Camp 1 - Registration Form

SESSION TIMES

U17 (1993/1994) - Registration 10:00am; Camp 10:30am – 4:00pm **U15 (1995/1996) -** Registration 11:50pm; Camp 12:20pm – 6:00pm

SECTION 1 – Essential to fill out

Name:	**Gender:** ☐ **Male** ☐ **Female**

I have previously attended (please tick):

☐ Regional High Performance Camp 2009 ☐ 2009 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 2009

Please print and tick the appropriate box:

Address:		**Date of Birth:**
City/Town:		**Country of Birth/Citizenship(s):**
Home Telephone: ( )	**Day or Mobile Number:** ( )	**Parent's Email Address:**
Association Registered With:		**School Name:**
Position(s) Played:	**Height:**	**Clothing Size:** ☐ **Boys** ☐ **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 in the following age groups: U17 – Born 1993/94, U15 – Born 1995/96

✓ Be nominated by an Association coach.

SECTION 3 – Essential to fill out for all new athletes who have not attended Cluster or Regional Camps before

Basketball New Zealand/Association Nomination –

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

BBNZ/Association Official or Coach:	**Signature:**
Phone: ( )	**Email Address:**
BBNZ Registration #:	

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 (16 May) ☐ Cambridge (16 May) ☐ Rangiora (16 May) ☐ Palmerston North (17 May) ☐ Dunedin (17 May)

☐ U17 ☐ U15

My son/daughter would like to be considered for selection for the 2010 Koru Tour to Australia

(Dates: January 13 – 24, 2010 Cost: approx $3,000.00)

☐ 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 24th of April** To arrange direct deposit and for further information contact:

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

Address: PO Box 6052
Marion Square, Wellington