



Development Cluster Camp 2 - Registration Form U17

SESSION TIMES

U17 (1993/1994) - Registration 10.30am; Camp 11am – 4:00pm

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 National Camp Cluster Camp 1

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: (please circle)	<input type="checkbox"/> Boys XS S M <input type="checkbox"/> Girls 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
- ✓ Be nominated by an Association Coach/Development Officer.

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 2 (please tick 1 venue):

Massey (25 July) Rotorua (25 July) Wanganui (25 July) Timaru (25 July) Nelson (26 July)

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 \$50 by **Tuesday, July 7** 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