



Development Cluster Camp 3 - Registration Form – U15s

SESSION TIMES

U15 (1995/1996) - Registration 10:00am; Camp 10:30am – 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

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:

<u>Address:</u>		<u>Date of Birth:</u>
<u>City/Town:</u>		<u>Country of Birth/Citizenship(s):</u>
<u>Home Telephone:</u> ()	<u>Day or Mobile Number:</u> ()	<u>Parent's Email Address:</u>
<u>Association Registered With:</u>		<u>School Name:</u>
<u>Position(s) Played:</u>	<u>Height:</u>	<u>Clothing Size:</u> <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 in the following age groups: U15 – Born 1995/96
- ✓ 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.

<u>BBNZ/Association Official or Coach:</u>	<u>Signature:</u>
<u>Phone:</u> ()	<u>Email Address:</u>
<u>BBNZ Registration #:</u>	

SECTION 4 - Essential to fill out

My son/daughter will be attending the Development Cluster Camp 3 (please tick 1 venue):

- North Harbour (22 Aug) Hamilton (22 Aug) Wanganui (23 Aug)
 Nelson (23 Aug) Christchurch (22 Aug) Dunedin (23 Aug)

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 **Monday 10 August** 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