



Development Cluster Camp 1 – Registration Form

SESSION TIMES

Please see page two of the Cluster Camp 1 flyer for the camp schedule.

SECTION 1 – Essential to fill out

| | |
|--------------|---|
| Name: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
|--------------|---|

I have previously attended (please tick):

- Regional Camp, October 2009 2010 All New Zealand Camp 2010 U16/U17 National 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 2010

| | | |
|-------------------------------------|---------------------------------------|---|
| 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: | |

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 94/95, U15 – Born 96/97
- ✓ 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):

- | | | |
|--|--|--|
| <input type="checkbox"/> Auckland (May 16) | <input type="checkbox"/> Cambridge (May 15) | <input type="checkbox"/> Palmerston North (May 16) |
| <input type="checkbox"/> Blenheim (May 16) | <input type="checkbox"/> Christchurch (May 16) | <input type="checkbox"/> Invercargill (May 16) |
| <input type="checkbox"/> U17 | <input type="checkbox"/> U15 | |



My son/daughter would like to be considered for selection for the 2011 Koru Tour to Australia
(Dates: January 11-24, 2011 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, April 27**. To arrange direct deposit and for further information contact:

Phone: (04) 498 5960

Email: jemma@basketball.org.nz

Fax: (04) 472 3623

Address: PO Box 6052
Marion Square, Wellington