



Development Cluster Camp 2 – U13s Registration Form

SESSION TIMES

Please see page two of the Cluster Camp 2 flyer for the camp schedule.

SECTION 1 – Essential to fill out

Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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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 group: U13 – Born 1998/1999
- ✓ 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):

- | | | |
|---|---|---|
| <input type="checkbox"/> Auckland (June 20) | <input type="checkbox"/> Cambridge (June 19) | <input type="checkbox"/> Palmerston North (June 19) |
| <input type="checkbox"/> Nelson (June 20) | <input type="checkbox"/> Christchurch (June 19) | <input type="checkbox"/> Dunedin (June 20) |

- U13



BASKETBALL
NEW ZEALAND

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, June 8**. 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