



# WHEELCHAIR BASKETBALL NEW ZEALAND 2017 NATIONAL CHAMPIONSHIP TOURNAMENT



## ENTRY FORM Tauranga, September 23th-24th

TEAM NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 CONTACT ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 EMAIL 1: \_\_\_\_\_ EMAIL 2: \_\_\_\_\_

TEAM MEMBERS NAMES:	CLASS	GENDER	D.O.B.	CLASS	P/PORT NATIONALITY	CONTACT PHONE
4						
5						
6						
7						
8						
9						
10						
11						
12						

COACH \_\_\_\_\_ PHONE: \_\_\_\_\_ ENTRY FEE: \$900.00 +gst =\$1035.00

BBNZ will invoice you direct

MANAGER \_\_\_\_\_ PHONE: \_\_\_\_\_

ARE ALL THE PLAYERS FINANCIAL MEMBERS OF WBNZ 

YES	NO
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 \*\*\*\*\* Unfinancial members cannot play

SIGNED OFF BY THE SECRETARY: \_\_\_\_\_ DATE: \_\_\_\_\_ 2017

Basketball New Zealand, ANZ Bank 06 0996 0601884 04, Use the teams name as reference

Please complete and submit the above team entry by Wednesday, 30th August to Basketball New Zealand Tournaments [tournaments@basketball.org.nz](mailto:tournaments@basketball.org.nz).