

Declaration: I			(print name), authorised representative			
Of the	e		(name of club), certify that I;			
	have read and understood have gained qualification fo make formal entry All players are IHNZ registe I understand that all teams alternate jerseys.	or the National Championsh ered in 2017 with the club th	ips	/e light & dark		
	The base colour for this clu Name two people to assist		<u>Dark</u>			
_	 Name 	Email:	Mob:			
	o Name	Email:	Mob:			
				, , ,		

If a club has difficulty declaring an alternate jersey, contact IHNZ Operations Manager for advice.

Signed:	Date:	Mobile:	
Email:			

Team Rosters for each club team entered must be provided by email on the spreadsheet supplied for this purpose and sent to <u>krys.beardman@xtra.co.nz</u> no later than September 7, 2017.

I confirm the following teams will enter 2017 IHNZ National Championships and will email team rosters and officials names on the official spreadsheet: **Team Entry Fee \$600 (plus GST) per team**

TEAM GRADE	Under 10	Under 12	Under 14	Under 16	Under 19	Open Senior	Open Premier	Senior Women	Junior Women
Indicate 🗲									
Confirm total banked to NZIHA bank account \$									

Note: There must be a minimum of three teams entered for a grade to be contested. Entries Close: September 7, 2017

Please make payment direct into NZIHA account clearly indicating Club name and notify deposit by email with this form. ENTRIES WILL ONLY BE ACCEPTED WITH PAYMENT

Account Number: ASB BANK 12 3152 0082141 00 Account Name: New Zealand Inline Hockey Association

It is a condition of entry that teams will be required to provide their own first aid kit along with a person responsible for their own team first aid requirements. IHNZ require names of volunteers capable of assisting with the scorebench during the event. Please provide names and contact details above.

Krys Beardman, Operations Manager Inline Hockey New Zealand