

HANDBALL NEW ZEALAND

INDIVIDUAL REGISTRATION FORM

NAME: _____

ADDRESS: _____

CONTACT NUMBER/S:

Home: _____

Work: _____

Mobile: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____

REGISTRATION FEES:

18 years & under per annum

HNZ: \$5-00

Total: \$ 5-00

Over 19 years & over per annum

HNZ: \$10-00

Total: \$ 10-00

<u>HNZ - Office Use Only</u>		
<input type="checkbox"/>	<input type="checkbox"/>	
(Tick One)	Paid	Not Paid
Amount received:		
\$ _____		
Receipt Number _____		

DECLARATION:

I acknowledge and accept the Code of Conduct of the Handball New Zealand. I agree to abide by these at all times, when performing or involved in Handball activities.

SIGNATURE: _____

DATE: _____

