



Sharon Hema
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Thames Valley Secondary Schools Tournament

TEAM REGISTRATION FORM 2010

NAME	Points as per Grading List	PLAYER CODE

NAME OF TEAM _____

MANAGER'S DETAILS – NAME _____

ADDRESS _____

TELEPHONE _____ (H) _____ (B or M)

EMAIL _____

ASSOCIATED CLUB _____

SIGNED _____ DATE _____

**Please email or fax details of your completed form to Sharon Hema at
sharonh@sportsforce.org.nz, by Tuesday 25th May 2010.**

Or fax 07 858 5389.

\$15.00 entry fee per team.

One form for each team entry please