

SEPT - OCT 2009

HOLIDAY BASKETBALL PROGRAMME

Kenny McFadden – Mr Basketball himself and his team of basketball stars and coaches will be teaching and entertaining your children in the game of basketball



Mon-Fri, 28 Sep - 02 Oct 2009
 Mon-Fri, 05-09 Oct 2009
 From 10:00am to 3:00pm
 Ages open from 7 to 12 year olds



Where:	<ul style="list-style-type: none"> • South West Stadium (next to NZ Dance & Drama School), 11 Hutchison St, Newtown, WELLINGTON – phone (04) 389-8004
Cost:	<ul style="list-style-type: none"> • \$15.00 per child per day • \$25.00 per family (if more than 2 children) • \$60.00 <u>weekly</u> pass per child (Week 1 & 2 - if paid on or before the Monday) • \$100.00 <u>weekly</u> family pass (Week 1 & 2 - if paid on or before the Monday)
What to Bring:	<ul style="list-style-type: none"> • Your Own Lunch & Drink Bottle • Towel • Change of clothes • Enthusiasm!

Notes:

1. Registration forms are available from Wellington Basketball Association or downloaded from www.wellingtonbasketball.co.nz . Call (04) 389-8004 or email info@wellingtonbasketball.co.nz
2. Please complete the registration form in full and either fax to (04) 389-3005 or email to info@wellingtonbasketball.co.nz
3. Payment must accompany completed registration form.
4. Please make cheques payable to **WELLINGTON BASKETBALL ASSOCIATION**.
5. The stadium is open from 9:00am. Please call Wellington Basketball Association (04) 389-8004 or (027) 489 1946 to make arrangements if you are wishing to drop your child off earlier.

SEP/OCT 2009 WBA HOLIDAY PROGRAMME REGISTRATION FORM



Return by fax to (04) 389-3005 or email to info@wellingtonbasketball.co.nz or post to General Manager, PO Box 9334, Wellington.

TAX INVOICE GST No. 26-915-600

<u>Categories:</u>	<u>Please write details here:</u>
Child(ren) Full Name(s) & Ages	1. _____ (age) _____ 2. _____ (age) _____ 3. _____ (age) _____ 4. _____ (age) _____ 5. _____ (age) _____
Main Contact Person:	
Address:	
Phone Number (Bus):	
Mobile Number:	
Home Number:	
Email Address:	
Any Medicine to be applied for children:	
Amount Paid (see flyer):	
Other comments regarding children that we should be aware of:	

Acceptance and Acknowledgement

I agree to take full responsibility to ensure that my child is safely transported to and from the venue. Although WBA will take precautions to ensure the safety of children within the boundaries of the venue, and within the holiday programme times, WBA takes no responsibility for the safety of children outside of the allocated programme.

Name:

Signature: