

JULY 2008 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: