



2009 / 2010 Te Aroha Softball Club
Registration Form

Name:

Address:

Phone No:

Other:

Email:

Sex:

M / F:

Date Of Birth:

Age: (as of 31 Dec 2009)

Please advise name of Pre-school / School / Intermediate / College:

Please adv: Name of GP and Phone

Parents :

Signed:

Fees Paid/ Not Paid

**Miri Luke
14 Puketapu Gr
Waiwhetu
Lower Hutt**

**04 569 7025 (Home)
04 587 1647 (Work)
027 227 5382 (Cell)**

miri@atiawa.co.nz

*By signing this form you are allowing us to publish photos of your child on our clubs website www.tahv.co.nz – thank you for your continued support.