



**VOLLEYBALL NEW ZEALAND
SCHOOL PLAYER MEMBERSHIP FORM – SOUTH ISLAND SS CHAMPIONSHIPS (Mainland Champs) 2010**

School:		Team:	
Postal Address:			
Ph:	Fax:	E-mail:	
Contact Person:			
Ph:		E-mail:	

No.	SURNAME	First Name	Gender	DOB	Height (cms)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Number of Players:	(S)	@ \$10.00 = \$
Please make cheques payable to: Volleyball NZ Inc		
Direct Deposit: ASB Wellington 123192 0023920 00		
Forward to: PO Box 615, Wellington. Fax: (04) 473 9764 om@volleyballnz.org.nz		