



MOTU KAIRANGI NETBALL INC.
SCHOOL CONTACT INFORMATION

School Name	
School Telephone Number	
School Email	
Postal Address	

School Delegate Information (refer to handbook for definition of role and responsibilities of this role).			
Delegate's Name			
Day phone.		Evening phone	
Mobile		Email	

School's Netball Coordinator Information (refer to handbook for definition of role and responsibilities of this role). Please only complete if the Delegate and Coordinator functions are performed by different people.			
Netball Coordinator's Name			
Coordinator Role	<i>Circle as appropriate</i>	All (Y1-8)	Senior (Y5-8).....Junior (Y1-4)
Day phone.		Evening phone	
Mobile		Email	
Netball Coordinator's Name			
Coordinator Role	<i>Circle as appropriate</i>	All (Y1-8)	Senior (Y5-8).....Junior (Y1-4)
Day phone.		Evening phone	
Mobile		Email	

A. On behalf of my school, I have read and agreed to ensure that my school abides by the obligations of a participating school in the Motu Kairangi 2017 season.

B. Privacy Act. I understand that this information will be held by my School Netball Coordinator during the 2017 season, and that the information can be used by Motu Kairangi Netball Inc.

Signed: Name: Date: