

CLUB INFORMATION 2008

_____ CLUB

Name	Address	Telephone
Secretary		Day Night Cell Email
President		Day Night Cell Email
Coaching Co-ordinator		Day Night Cell Email
Umpire Liaison Officer		Day Night Cell Email

IT IS MOST IMPORTANT THAT ALL PERSONS ARE ABLE TO BE CONTACTED DURING THE DAY AND IN THE EVENING AND THAT AN EMAIL ADDRESS IS AVAILABLE FOR YOUR CLUB

By signing this form I give Christchurch Netball Centre my consent to collect and retain information on this form and to use it and distribute it to such persons as may be necessary for the administration of Christchurch Netball such as Netball New Zealand, sponsors or funding agencies. I acknowledge my right to have access to and correct the personal privacy information held by the Christchurch Netball Centre. This information is given in accordance with the 1993 Privacy Act.

Signed _____ Date _____

PLEASE RETURN THIS FORM BY 24 APRIL 2008 TO:

**The Administration Officer
Christchurch Netball Centre
PO Box 9318
Christchurch**