



REGISTRATION FORM

Please complete All questions

All information will be held on Ikaroa ki te Tonga Player Database

All information is strictly confidential to Ikaroa ki te Tonga

CIRCLE GRADE TRIALING	PREMIER	U19	U17	U15	U13		
RATE PREFERRED POSITION	GS	GA	WA	C	WD	GD	GK

Please indicate preferred positions as 1st 2nd 3rd

SURNAME			
FIRST NAME			
ADDRESS			
TELEPHONE (HOME)		MOBILE	
TELEPHONE (WORK)		EMAIL	
DATE OF BIRTH		AGE	
TRIBAL AFFILIATION	<i>(you must be able to whakapapa to an Iwi Maori o Aotearoa)</i>		

PARENTS NAMES:			
TELEPHONE (HOME)		MOBILE :	
TELEPHONE (WORK)		EMAIL:	

HOW DID YOU HEAR ABOUT THESE TRIALS ?			
WORD OF MOUTH :		SCHOOL :	
MEDIA (please state which)		OTHER :	

DB Number :