EVENT			Start Date:		Home
<u>:</u>					schoo
TEAM ROSTER DETAILS -	Please complete this for	m and re	turn to:		Spor
Name of School:			City/Town:		NEW ZEAL
TEAM PERSONNE	L NON-DOMESTI	C & HO	ME-SCHOOLE	D STUDENTS.	
	dependent o student must term in whicl	f a work pe t have been h the event led student	rmit holder, refuge enrolled in <u>and</u> ha or qualifier is held.	e, diplomat or whatever definition the commenced their attendance at	n Australian citizen, a NZ passport holder (e.g. Cook Islan he Ministry of Education currently applies. Any Non-Don the school of representation on or before the first day of specific conditions. Please see full School Sport NZ elig
Surname	First Name	Year Level	Date of Birth	Indicate Non-Domestic Students or Home Schooled (see note above).	
1					
2					
3					_
4					_
5					-
6					†
7					_
8					_
9					-
10					†
11					†
12					†
Please insert more rows	if required.				
M/s sourceut to the team	and students being include	d in live	strooming or he	andensting if this complex is	offered (Choose one YES NO

We consent to the te one option) √	YES	NO			
Submitted by:		Position:			
Phone:		Email:			
Principals	. I attest that all students listed above are bona-fide fulltime students at this school and their details as	Principals Name:			
Attestation :	provided are true and correct as on our official school records.2. I agree that all persons associated with this school in	Principals Signature:			
	the event will be subject to the School Sport NZ Integrity Framework.	Date:			