

EVENT:				Start Date:		
				Location:		
	TEAM DETAILS Please complete this form and take it to the event :					
Name of School:			City/Town:		NOTES	
TEAM PERSONNEL Surname		First Name	Year Level	Date of Birth	Date of most recent enrolment as on MoE ENROL	
1.						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
Please insert more rows if required.						
Submitted by						
Position						
Contact Details						
e-mail address						
Principals Attestation:	I attest that all students listed above are bona-fide fulltime students at this school and their details as provided are true and correct as on our official school records and MOE ENROL.		Principals Name:			
			Principals Signature:			
			Date:			

