

EVENT:	Start Date:
	Location:


TEAM DETAILS Please complete this form and take it to the event :

Name of School:	City/Town:	NOTES
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TEAM PERSONNEL Surname	First Name	Year Level	Date of Birth	Date of most recent enrolment as on MoE ENROL	NOTES	
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:		