

Western Bay of Plenty JMC Registration Card



Attach Label

Attach Photo Here

Club: _____ First Name: _____ Surname: _____

Address: _____

Phone: _____ D.O.B: _____ Verified: _____

Club: _____ First Name: _____ Surname: _____

Address: _____

Phone: _____ D.O.B: _____ Verified: _____

Date	Year	*Age	Weight	Under	Delegate
			kg		
			kg		
			Kg		
			kg		
			kg		
			Kg		
			kg		
			kg		
			kg		
			kg		
			kg		

*Age as of 1st January

All cards in team order to be posted to PO Box 3052 Greerton, Tauranga