ENTRY OVERVIEW FORM

Miniball League

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| **SCHOOL / CLUB** |  | | |
| **SCHOOL CONTACT** |  | **CONTACT TYPE** |  |
| **EMAIL ADDRESS** |  | **PHONE** |  |
| **NOMINATED REFEREE** |  | **REFEREE CONTACT** |  |

SCHOOLS MUST REGISTER ALL TEAMS ONLINE VIA SPORTINGPULSE, THEN SEND THIS FORM TO: MICHELLE@BASKETBALLSOUTHLAND.CO.NZ

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| **TEAM NAME** | **GRADE** | **TEAM COACH** | **EMAIL ADDRESS** | **DRAW REQUESTS / UNAVAILABLE DATES** |
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| **ANY FURTHER NOTES OR INFORMATION REGARDING ENTRIES** |  |