

SportStart Provider Registration Form

Club to complete:

Name of Club, School, Agency	
Postal Address	
Physical Address	
Sport Start Liaison Person for your club	Name:
	Position:
	Phone:
	Email:
	Signature:

How would you prefer us to contact you? *(please circle)*

Phone Email Mail

Please return this completed registration form to:

Sport Tasman ♦ PO Box 3197 ♦ Richmond 7050 ♦ Nelson

Phone (03) 546 7910

Email finance@sporttasman.org.nz or fax to **(03) 546 3300**

