

SportStart **Buller** 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 along with a copy of your club/school deposit slip to:

**Sport Tasman ♦ PO Box 3197 ♦ Richmond 7050 ♦ Nelson
Phone (03) 546 7910 or 789 6779**



Email finance@sporttasman.org.nz or wendy.bet@sporttasman.org.nz

