



THE LION FOUNDATION



LION FOUNDATION NATIONAL NETBALL CHAMPS TEAM MANAGEMENT FORM

Regional Managers must return this form by Wednesday 11th August 2010 to:
Netball New Zealand – Attn: Rochelle Ellmers
PO Box 99710, Newmarket, Auckland 1149
Email: rochellee@netballnz.co.nz Fax: 09 623 5777

The _____ (Regional Entity) advises the following team officials may be on the team bench.

We acknowledge that the number and positions of eligible team officials are as per the International Rules: Coach, Assistant Coach, Manager, and up to 2 primary care personnel (defined as personnel who are qualified to diagnose and or treat injury and or illness).

Team Name _____

Coach _____

Mobile _____ Email _____

Assistant Coach _____

Mobile _____ Email _____

Apprentice Coach _____

Mobile _____ Email _____

Manager _____

Mobile _____ Email _____

Primary Care Personnel

1. Name _____ Role _____

2. Name _____ Role _____

Please ensure you have listed a mobile number for at least the Team Manager and/or Coach noted above.

SIGNED _____ POSITION _____

NAME _____ DATE _____