



# *NZSA Registration*

**Coaches Full Name:** .....

**Address:**.....

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**Phone:** .....

**Email:** .....

**Date of Birth:**..... **Clothes Size:**.....

**Club or College:** .....

**Provincial Union/Club you coach:**

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**Level of your team:** .....

**Specific Techniques to Work on:**

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**Signature:** .....

**Date:** .....

**THIS FORM CAN BE POSTED TO NZSA, PO BOX 5146 ROTORUA, NZ, FAXED  
TO THE NZSA OFFICE +64 7 348 0848 OR EMAILED TO  
[jeanna.love@nzsportsacademy.co.nz](mailto:jeanna.love@nzsportsacademy.co.nz)**