WCWP West Auckland Intermediate League 2018
Entry Form

School Name	
Team Name	
School Coordinator *(Full name)*	
Coordinator's email	
Coach *(Full name)*	
Ast. Coach *(Full name)*	

Others to be added to the mailing list

Name	Position *(Coach/Manager)*	Email

Team List		
First Name	Last Name	Parent's Email *(for health and safety purposes)*

Comments	

Please fill out the above form in entirety and email to Zach (League Director) at zacharymonknz@gmail.com

By filling out this form you are providing consent for photos and videos to be taken of the above team members and used by WCWPC for promotional and other activity. Please contact Zach if you wish for a team member to be excluded from this.