



Ngāti Apa Ngā Wairiki Rangatahi Programme

Supported by The Bro Campaign

18, 19, 20 September 2015

REGISTRATION FORM



Ngāti Apa Ngā Wairiki Descent

Tick the marae you affiliate to:

- KAUANGAROA
- WHANGAEHU
- TINI WAITARA
- PAREWANUI

We need parental consent of all rangatahi 17 years and under

PLEASE USE BLOCK CAPITALS

First Name:

Surname:

Address:

Postcode

Country:

Date of Birth (DD/MM/YYYY) Age: Gender M F

Mobile No.

Home Phone:

Email:

Do you have a medical/health condition that restricts you from exercise? If so, please state:

You must be aged 13—18 years to register

One registration form to be completed for each person.

Please note: on signing this form you agree for your tamaiti to take part in the activities during this summit.

If parents are attending, please complete a separate registration form

Return to:

Hawea Meihana

Te Rūnanga o Ngāti Apa

161 Bridge Street, PO Box 103 BULLS

Ph. 06 327 5594

Parents to sign

Signature: _____

Date: _____

For further details contact: Hawea Meihana, Email: hawea@ngatiapa.iwi.nz Mobile: 027 951 2625