

**"PICK-UP" AUTHORISATION FORM
NATIONAL ASSOCIATION TOURNAMENTS**

This form is to confirm that the parties concerned have agreed to the player participating in

_____ Tournament
for a team OTHER THAN his/her Parent Club or Association. Once signed it remains in force until the end of the stated Tournament.

Player Name: _____
Please print

Signature: _____ Date: _____

Parent Association Name: _____
Please Print

Assn Secretary Name: _____ Date: _____
Please Print Name *Please Sign*

"Pick Up" Association _____
Please Print

Assn Secretary Name: _____ Date: _____
Please Print Name *Please Sign*

Softball NZ Tournament Representative: _____ Date: _____

**Must be presented to Softball NZ Tournament Representative
no later than Managers Meeting of stated Tournament.**