EVENT: SNZ Division 1 National Championships					Start Date: Mon 25 March – Fri 29 March 2019				
					ocation: Mizuno Ballpark, Christchurch				
TEAM ROSTER DETAILS Please complete this form and return to : eugene@softball.org.nz									
Name of School:			City/Town:						
TEAM PERSO					NEW TO SCHOOL (2 years prior to event) & NON DOMESTIC				
Surname	9	First Name	Shirt Number	Date of Birth	MOST RECENT Date of Enrolment	Indicate Non-		New to School Students ate any who have an	
				3	as on MoE ENROL	Domestic		mption (Note 2)	
					if after 25 Mar	Students		Caregiver Relocation	
1.					2017 (note 1)	(note 3)	Exemptions	must be attached	
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13.									
14.									
15.		the Country of the second in second and	NEW TO CO	ICCL The about 18 and				TAIDOL	
includes all qualifiers. Students	who begin at the school	the first day of the event is considered ol in Year 9 are exempt. Please indicate	the date for	any student whose m	nost recent enrolment date i			E ENRUL records. The "event"	
		or after 25 March 2017. Indicate any we entry level at a restricted entry school				nt for his/her pre	vious school or		
b) the student has been granted	d a Primary Caregiver R	Relocation Exemption. (See NZSSSC wel	osite for deta	ls. Copy of exemption	on must be attached)				
Domestic students are define or whatever definition the Mini		der of a residence permit, an Australia ently applies.	n citizen, a Ni	' passport holder (e.g	. Cook Islands), a dependent	t of a work permit	holder, refugee,	diplomat	
Submitted by									
Position									
Phone # & email									
Principals Attestation: I attest that all students listed above are bona- Principals Name:						- The state of the			
		fide fulltime students at this school and their details as provided are true and correct as on MoE ENROL and on our official school records.			Principals Signature:				
	•								
			Date:				NEW ZEALAND NZSSSC		