



## Registration form Northland Zone Initial Training

**Training Course: Initial Training**

**Venue/ Date : Shackleton / Sunday 1<sup>st</sup> July**

**Or**

**Venue/ Date : KeriKeri / Sunday 22<sup>nd</sup> July**

**Please cross out venue / date not applicable**

**Time and Details to be advised**

**Full name:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

**E mail address:** \_\_\_\_\_

**Group:** \_\_\_\_\_

**Section:** \_\_\_\_\_

**I would like to attend the above course:**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_