



To guarantee your spot, please return this form **at least 10 days before** your Regional with all fields completed.

**Post to:**

AgriKidsNZ: PO Box 50, Methven, 7730

Fax: 03 303 3058

Scan and Email to: [agrikidsnz@youngfarmers.co.nz](mailto:agrikidsnz@youngfarmers.co.nz)

Team Name: \_\_\_\_\_

**Team Member #1**

Name:

Date of Birth:

Home Address:

Email Address:

Contact Phone:

School:

Gender:

**Team Member #2**

Name:

Date of Birth:

Home Address:

Email Address:

Contact Phone:

School:

Gender:

**Team Member #3**

Name:

Date of Birth:

Home Address:

Email Address:

Contact Phone:

School:

Gender:

**We're registering for:**

(please tick to select your Regional)

- ☐ Northern
- ☐ Waikato/Bay of Plenty
- ☐ East Coast
- ☐ Taranaki/Manawatu
- ☐ Aorangi
- ☐ Otago/Southland
- ☐ Tasman

Team Supervisor:

\_\_\_\_\_

Supervisor's Email:

\_\_\_\_\_

Supervisor's Phone:

\_\_\_\_\_

