



REGISTRATION FORM

1. Please tick: Are you a:

a) Club (go to Q3)

b) Short term competition (go to Q2)

2. Please state the main weigh in day of the competition: _____

3. Please provide the name of your club or competition:

4. Please provide the details of 2 contact people:

First Name	Surname	email	Physical Address
1.			
2.			

5. Please sign to acknowledge that the organisers of the club / competition are familiar with the rules and conditions of the scheme and will abide by them (please refer to www.ridgeline.co.nz for full details).

Signature

Date

Please email / send / fax this form to:

Bob Jeffares

bobpighunt@xtra.co.nz

849 Mangarino Road, RD6 TeKuiti

fax: 0800 883 006