



Application for Membership

School Details

School Name:

Physical Address:

Postal Address:

Phone:

Roll (Years 9-13):

Roll (Years 7-8):

Decile:

If you have year 7 & 8 students at your school, do you want them to have College Sport Auckland competitions available to them?

YES/NO

Are you registered with the Ministry of Education?

YES/NO

School Type

Boys only

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Girls only

Co-educational

State

State Integrated

Private

Charter

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Other (please specify)

Principal's Details

Name

Phone

Email

Sports Department Details

Please add contact details of sports department staff members and specify their positions e.g. Director of Sport [DS], Sports Coordinator [SC], Sports Assistant [SA], etc.

Name	Position	Email Address	DDI / Ext	Mobile

Designated person to receive email correspondence from College Sport Auckland:

Principal's Authorisation

This application form contains true and accurate answers to the questions asked. If successful, I will abide by the Rules & Bylaws of College Sport Auckland. I will accept any charges in accordance with the College Sport Auckland Rules and will pay them in a prompt manner.

I am aware that in order to become a member of College Sport Auckland, I must also be a paid member of the Auckland Secondary Schools Principals Association.

I am aware that the current College Sport Auckland student levies (incl. GST) are \$8.12 per year 9-13 student and \$4.06 per year 7-8 student but these may be amended from time to time.

Principal's Signature

Date

Please email this completed form to school.sport@collegesport.co.nz. Once we have all the required information, your application will be presented to the College Sport Auckland Board for approval.