

# SPORTSTART

## Provider Registration Form

<b>Name of Club, School, Agency</b>	
<b>Postal Address</b>	
<b>Physical Address</b>	
<b>Sport Start Liaison Person</b>	Name:
	Position:
	Phone:
	Email:
	Signature:

**Preferred method of communication with Sport Marlborough** *(please circle)*

Phone      Email      Mail      Fax

*Please return this completed registration form to:*

**Sport Marlborough ♦ PO Box 953 ♦ Blenheim**

or fax to **(03) 577 8894**

*For more information please contact:*

**Kim Willemse**  
**Phone: 03 577 8855 Ext 5**  
**Email: [sportdevelopment@mar.sporttasman.org.nz](mailto:sportdevelopment@mar.sporttasman.org.nz)**

**Website: [www.tasmanregionalsports.org.nz](http://www.tasmanregionalsports.org.nz)**