

# 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 Tasman** *(please circle)*

Phone      Email      Mail      Fax

*Please return this completed registration form to:*

**Sport Tasman ♦ PO Box 1302 ♦ Nelson**

or fax to **(03) 546 3300**

*For more information please contact:*

**Steve Mitchell**

**Phone: 03 546 3304**

**Email: [sportassist@nel.sporttasman.org.nz](mailto:sportassist@nel.sporttasman.org.nz)**

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