



**You are invited to attend our fun
Halloween themed
25th LEISURE MARCHING DAY**

Date: 31st October 2020
Venue: To be confirmed. This will depend on numbers attending
Entry: \$30.00 per team
March Past: 11am

REGISTRATION FORM

Team Name: _____
Team Number of members attending _____
Leader: _____
Coach: _____
Contact Person _____
Email Address and Phone Number _____

Please return registration form by 3rd October 2020 to:-

**Donna Christensen
Secretary
15 Killalea Place
Paraparaumu
Ph: 021 107 1118
Email : cms.cranes@gmail.com
Bank Account 03-1531-0016866-00**

For Covid-19 contact tracing purposes, can you please provide contact information for all team members and guests you may be expecting (if known) on the next page. Thank you.

Contact Details for:

Team Name:

	NAME	CONTACT ADDRESS & PHONE NO
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Please Note: This information will not be used for any purposes other than contact tracing for Covid-19 should it be required. It will be securely destroyed 60 days after 31st October if not otherwise called upon.

Regards

Kapiti Coast Marchers