**TUI MEDICAL Waikato International**

**Team Officials Accreditation Form**

Please complete and email this form to events@waikatobadminton.co.nz no later than

**Tuesday 25 July 2017**

|  |
| --- |
| Name of Member Association:  |
| Contact Person:  |
| PHONE NUMBER:  | MOBILE NUMBER:  |
| E-MAIL:  |

The maximum number of officials and coaches accreditation passes issued to each team is according to the following:

|  |  |
| --- | --- |
| **Number of Players from MA** | **Number of Accompanying Officials** |
| Up to 5 players | 2  |
| 6 – 10 players | 3 |
| 11 – 16 players | 4 |
| 17 – 25 players | 5 |
| Over 25 players | 6 |

Additional officials’ ID passes will be issued for a fee of **NZ$10** each, payable to the tournament office

|  |  |  |
| --- | --- | --- |
| No. | FULL NAME | Official Position |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |