

(Please read before completing the Application form on page two)

Basketball New Zealand (BBNZ) wishes to encourage Associations to work together within each Zone to ensure the strongest possible teams and players from their Zone are attending all National Championship Tournaments. For this age group, BBNZ would work closely with each Zone to ideally have 16, teams participating.

Regulation

A minimum of 12 teams per gender has been allocated for this National Championship. Each Zone has received automatic team entries equating to the 12 teams. Zones are to apply each year to BBNZ for additional teams to attend this this National Championship.

Zones must submit one application to BBNZ prior to the closing date outlined on the application form. The application must be completed and accompanied by a deposit per additional team (payment is non-refundable if a spot is allocated). Incomplete applications will not be accepted and returned to the Zone contacts. BBNZ will advise the outcome of the application in writing by the advised date outlined on the application form.

If more than four applications are received for the additional four men's spots, BBNZ will only consider teams from zones that have filled their allocated female spots for that tournament. Other criteria may be used with choosing the successful applicants.

Process

1. Complete the application and submitted to BBNZ by the advised date.
2. Check all sections are completed and correct, including payment.
3. Queries to be communicated to the Zone contacts.
4. BBNZ Tournaments to provide a written respond regarding the outcome of the application by the advised date.
5. If the outcome of the application is not satisfactory, the applying Zone must resubmit the application accompanied by a written response to the outcome. The application will be referred to the Chief Executive of BBNZ where the application will be assessed and an appealed decision made.

Please Note

- Only Zones can submit an application.
- A non-refundable deposit per additional team must be paid to BBNZ.
- Unsuccessful applications will receive a refunded.
- Incomplete applications will be returned to the Zone contacts and will not be accepted until completed.
- By signing this application or providing email confirmation, your Association understands the criteria and regulations relating to this application.
- Associations that withhold approval must provide in writing, a valid reason to BBNZ.
- An appeal must be submitted to BBNZ within 2 working days of the application outcome notification date. The appeal is referred to the Chief Executive of BBNZ.
- Applications signed off by the Chief Executive of BBNZ cannot be appealed.

Zones are to apply each year requesting additional teams to attend the U19 National Championship Tournament. Only four additional teams per gender are available. BBNZ may accept further entries subject to interest.

Please forward the application and deposit of **\$650 +GST per team** to BBNZ Tournaments (cheques are made payable to Basketball New Zealand). The **closing date** for applications is **Wednesday, 1 April 2020**. Late and/or incomplete applications will not be accepted.

BBNZ will advise the outcome of your completed application no later than the 12th April. Please read page 1 before completing.

Name of Zone			
Association 1		Contact 1	
Email 1		Phone 1	
Association 2		Contact 2	
Email 2		Phone 2	
Additional Mens Teams		Additional Womens Teams	
Additional Team(s) Represented If a combination of zone and association please state	<input type="checkbox"/> as a Zone Team <input type="checkbox"/> as an Association Team		
Payment	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Automatic Payment (receipt attached)		

Each Association from within the Zone can either complete a section below or provide email confirmation from the Association advising that they approve of the additional team (s).

Association: (CEO / President Only)	(Print Name / Role)	(Signature)	Date	
Association: (CEO / President Only)	(Print Name / Role)	(Signature)	Date	
Association: (CEO / President Only)	(Print Name / Role)	(Signature)	Date	
Association: (CEO / President Only)	(Print Name / Role)	(Signature)	Date	
Association: (CEO / President Only)	(Print Name / Role)	(Signature)	Date	
Association: (CEO / President Only)	(Print Name / Role)	(Signature)	Date	
Association: (CEO / President Only)	(Print Name / Role)	(Signature)	Date	
Association: (CEO / President Only)	(Print Name / Role)	(Signature)	Date	

BBNZ OFFICE USE ONLY			
Total Payment Made	\$	Status	<input type="checkbox"/> Approve
Date Received			<input type="checkbox"/> Decline
Details			
BBNZ Signature		Date Notified	