**Registration Form**

Please complete the following details to register for this hikoi. You must be 16 years or over to attend, any under 16 year olds must be accompanied by an adult.

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| **PERSONAL DETAILS** |
| First Name: | Surname: |
| Phone number: |
| Iwi:  | Hapū: |
| Email (optional): |
| **TAMARIKI/CHILDREN** |
| Will any tamariki/children be attending with you? 🖵 Yes 🖵 No*You will ultimately be responsible for the safety of your tamariki, but please let us know if you need any support.* |
| How many will be coming with you?🖵 1 🖵 2 🖵 3 🖵 4 🖵 5 🖵 6 Other:  |
| **TRANSPORT**  |
| *The Iwi will be booking bus transport.* Will you require a seat/s on the bus? 🖵 Yes 🖵 No | I/we will be taking our own transport. 🖵 Yes 🖵 No |
| How many seats do you require?🖵 1 🖵 2 🖵 3 🖵 4 🖵 5 🖵 6 Other:  |
| **ACCOMMODATION** |
| *The Iwi will be booking Marae accommodation.* Do you want us to book your accommodation on a Marae? 🖵 Yes 🖵 No | I/we will make our own accommodation arrangements.🖵 Yes 🖵 NoA contribution of $20 per whanau who are wanting to come on the bus would be greatly appreciated, however we would be grateful to receive any koha towards this kaupapa. Bank Account details are: Mana Moana 03-1547-0121206-00**Code:** mana moana **Reference:** Your name |
| For how many people?🖵 1 🖵 2 🖵 3 🖵 4 🖵 5 🖵 6 Other:  |

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| **General Terms and Conditions:****Privacy** The details collected on this form are used by Iwi Staff to process registrations. This information will be accessible to Iwi Staff only and not be made available to any other third parties. **Photographs**We may take photographs of participants for use in promotional material, our website, brochures, Social Media or for local media use. If you do not want your images used please inform the Lead Coordinator. | **Emergency Procedures**The safety of you and your whānau is our main priority, and our staff are appropriately trained in safety policies and procedures and what to do in case of an emergency. If you or someone in your whānau becomes sick or injured at any time during the hikoi, our staff or other designated emergency contacts will be available, where appropriate keep them safe and comfortable.In the event of a serious injury or illness or emergency please **call 111 immediately.**  |
| *This hikoi will promote a DRUG, ALCOHOL AND VIOLENCE FREE kaupapa. By signing this form you agree to these terms and conditions.* |
| Sign: Print Name: Date:  |

**Please complete this form and return to** **registration@ngaiterangi.iwi.nz**

**REGISTRATIONS TO BE IN URGENTLY**