



Noho Taiao
Jan 9-12th, 2018
Matihetihe Marae, Hokianga
Registration Form

Name

Address

Phone number

Email contact

Name of parents or caregivers

School

Date of birth

Class at school

Which Te Rarawa marae do you affiliate to?

Emergency contact details for 9-12 January.
[Name, phone number and physical address.]

Medical conditions:
Do you suffer from any medical conditions or have any allergies that noho organisers need to know about?

Any other special considerations? (e.g. food requirements, medication etc)

Permission:
Form to be signed by parent or caregiver

Please email completed form to admin@terarawa.co.nz
or post to Paul White, PO Box 72, Rawene, 0443.