

# Countdown Kids Hospital Appeal HALLOWEEN QUIZ NIGHT

## Team Registration Form

\$120 per Team (Max. 6 People per Team)

Team Name: .....

Team Captain/Contact: .....

Phone: .....

## Team Members (Please PRINT)

1.....

2.....

3.....

4.....

5.....

6.....

## Registration Due by 28/10/19

Payment Method (Please Circle One) Cash / Cheque / Internet Banking

A/C #: 02 0492 0042089 025

Ref: [Insert Team Name] Code: CKA

## Any queries contact:

Northland Community Foundation Phone: 021 558 224

Email: [info@northlandcommunityfoundation.org.nz](mailto:info@northlandcommunityfoundation.org.nz)

[www.northlandcommunityfoundation.org.nz](http://www.northlandcommunityfoundation.org.nz)

