

**"PICK-UP" AUTHORISATION FORM  
OPEN CLUBS TOURNAMENTS**

This form is to confirm that the parties concerned have agreed to the player participating in

\_\_\_\_\_ Tournament  
for a team OTHER THAN his/her Parent Club or Association. Once signed it remains  
in  
force until the end of the stated Tournament.

**Player** Name: \_\_\_\_\_  
*Please print*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent Club Name:** \_\_\_\_\_  
*Please Print*

Secretary Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Please Print Name Please Sign*

**Parent Association Name:** \_\_\_\_\_  
*Please Print*

Assn Secretary/Manager: \_\_\_\_\_ Date: \_\_\_\_\_  
*Please Print Name Please Sign*

**"Pick Up" Club Name:** \_\_\_\_\_  
*Please Print*

Secretary Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Please Print Name Please Sign*

**"Pick Up" Association** \_\_\_\_\_  
*Please Print*

Assn Secretary/Manager: \_\_\_\_\_ Date: \_\_\_\_\_  
*Please Print Name Please Sign*

Softball NZ Tournament Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Must be presented to Softball NZ Tournament Representative  
no later than Managers Meeting of stated Tournament.  
FOR OPEN CLUB TOURNAMENTS  
BOTH CLUB & ASSOCIATION SECRETARIES/MANAGERS MUST SIGN**