



Please complete the Registration Form and email it to w.brits@wbhs.school.nz

REGISTRATION FORM

1. School Name:

2. Name of Kapa Haka roopu

3. Primary Contact Name

4. Designation of Contact Person

5. Waea Pūkoro (mobile number for rōpū contact) Email Address (for invoicing)

6. School Phone Number

7. School Postal Address

8. Te tatau o ngā Kaihaka (Total performing in Kapa Haka). Please note the maximum on stage is 40.

9. How many staff will be supporting your rōpū (if known)

10. How many kaumātua or kuia will be supporting your rōpū

11. Kaitātaki Tāne Tōna hapū / Iwi

12. Kaitātaki Wahine

13. Īmēra (email for rōpū contact)

14. Does your rōpū have any specific accessibility requirements

15. If you answered "yes" to 14, please provide details

16. Is your rōpū staying locally

17. If you are staying locally, please state which marae you are staying at