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| **Registration Form** | |
| **School Information** | |
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| **School:** | |
| **Address:** | |
| **Number of students participating:** | |
| **Key Contact Person** | |
|  | |
| **Name:** | |
| **Email:** | |
| **Phone:** | |
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|  | **W.** [**www.starjam.org**](http://www.starjam.org)  **E.** [**events@starjam.org**](mailto:events@starjam.org)  **A. PO Box 10042, Dominion Road, Auckland 1446** |