

# GNZ Affiliation Application Form

## Companies

Instructions: Fill out application form and email with all supporting documentation to the Relationship Manager assigned to support you through the application process.

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

| Club Structure                           |  |
|------------------------------------------|--|
| Is the club a registered NZ company? Y/N |  |

| Supporting Documents Required                                                                                                                                                                                              |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| Please save as PDF then send as attachment(s) when submitting this application via email.                                                                                                                                  |           |
| Document                                                                                                                                                                                                                   | Checklist |
| Company Certificate of Registration in NZ                                                                                                                                                                                  |           |
| 2-year plan<br>(Outlining the organisations goals, activities, and intended development and key expenditure and income.)                                                                                                   |           |
| Statement of Solvency                                                                                                                                                                                                      |           |
| 3 Trade References (Company Name and Contact –Email and Phone)<br>Please provide 3 long standing references. These references should reflect ongoing monthly transactions and a strong history of timely credit repayment. |           |
| Proposed Colours and Associated Branding                                                                                                                                                                                   |           |
| Optional – Letters of Support                                                                                                                                                                                              |           |

### Acknowledgment of GNZ Constitution and General Regulations

The applying club acknowledges that it has read the Gymnastics New Zealand (GNZ) Constitution and General Regulations and agrees to comply with, uphold, and be bound by these governing documents at all times as a condition of affiliation.

Signature \_\_\_\_\_

Date \_\_\_\_\_

| General Information |  |
|---------------------|--|
| Club name           |  |
| Physical address    |  |
| Postal address      |  |
| Phone               |  |
| Club email address  |  |
| Website             |  |

| Contact Personnel |                                           |               |       |
|-------------------|-------------------------------------------|---------------|-------|
| Contact Name      | Position                                  | Contact Phone | Email |
|                   | Owner                                     |               |       |
|                   | Additional Shareholder<br>(if needed)     |               |       |
|                   | Additional Shareholder<br>(if needed)     |               |       |
|                   | Additional Shareholder<br>(if needed)     |               |       |
|                   | Operations Manager                        |               |       |
|                   | Head Coach/s<br>(if different from above) |               |       |

## Programmes

Please indicate programmes you currently operate or are planning on operating in the first calendar year of affiliation. Please include Total number of club members. Please include a breakdown of each programme and the number of athletes expected or an average of past 2-3 terms if your club has previously been operating or an estimate of interest if a new programme for your club.

| Programme                                                                                             | Yes or No | Number of Members/Participants |
|-------------------------------------------------------------------------------------------------------|-----------|--------------------------------|
| Preschool Programme (Under 5)                                                                         |           |                                |
| Gym for All/Recreation/Social<br>Competitive/SPRINGBOARD Programmes<br>(Recreation classes 5 & above) |           |                                |
| School Programmes                                                                                     |           |                                |
| Holiday Programmes                                                                                    |           |                                |
| Adult Programmes                                                                                      |           |                                |
| Women's Artistic Gymnastics                                                                           |           |                                |
| Men's Artistic Gymnastics                                                                             |           |                                |
| Rhythmic Gymnastics                                                                                   |           |                                |
| Trampoline                                                                                            |           |                                |
| Tumbling                                                                                              |           |                                |
| Aerobics                                                                                              |           |                                |
| Parkour                                                                                               |           |                                |
| Other (please provide details)                                                                        |           |                                |
| TOTAL:                                                                                                |           |                                |