

2025 Vantage National Masters Women 55+
23 Feb - 1 Mar 2025
Northland



Team Entry Form Auckland

Players

#	Surnames	Given Names	Display Name	C	GK	Date of Birth	Age*	Nation
1	Danks	Sharon	DANKS Sharon		X		55	NZL
14	Robinson	Caroline	ROBINSON Caroline				58	NZL
18	Murray	Kerri	MURRAY Kerri				57	NZL
19	Jamieson	Viv	JAMIESON Viv				59	NZL
26	Povey	Tanya	POVEY Tanya				58	NZL
28	Mekkelholt	Sandra	MEKKELHOLT Sandra				57	NZL
29	Gafa	Helen	GAFA Helen				56	NZL
33	Peel	Lindsay	PEEL Lindsay				59	NZL
36	Spicer	Julie	SPICER Julie				56	NZL
42	Duffield	Brigid	DUFFIELD Brigid				56	NZL
44	Hardie	Sharon	HARDIE Sharon				58	NZL
46	Potgieter	Annelize	POTGIETER Annelize				57	NZL
54	Fleming	Barbara	FLEMING Barbara				56	NZL
61	Crawley	Leigh	CRAWLEY Leigh-Marama				56	NZL
70	Turner	Erika	TURNER Erika				57	NZL
76	Spencer	Kirsten	SPENCER Kirsten				56	NZL

Over 55 | Born 1970 or earlier | * As of 2025-12-31

Team Staff

Surnames	Given Names	Display Name	Role	Gender	Date of Birth	Nation
Smith	Denise	SMITH Denise	Team Admin	F	1975-05-22	NZL
Spencer	Kirsten	SPENCER Kirsten	Team Manager	F	1969-06-17	NZL
Duffield	Brigid	DUFFIELD Brigid	Team Manager	F	1969-05-14	NZL
Loudon	Scott	LOUDON Scott	Head Coach	M	1960-02-05	NZL

Team Colours

Shirts	Skirts	Socks	GK Shirts
Royal Blue and White Alt Electric Blue and Pink	Royal Blue	Royal Blue Alt White	Black Green Pink


Authorized Signature

12/2/25
Date

Auckland Hockey Masters Manager
Title

Tournament Director: RUTHERFORD Kit (NZL)



PLAYER AND TEAM MANAGEMENT SECTION

Please sign the team registration form from Altius and hand in at Tournament briefing.
(Players to sign next to their name)

In signing this form, I agree that the details provided are true and correct; and
I have read and understand the Hockey New Zealand Anti Doping Code & Sanctions.
I also agree to abide by the official Hockey New Zealand Code of Conduct.
I authorise my name, voice, picture, video and any information on this form to be used without
payment to me in any broadcast, telecast, promotion, advertising, or in any other way pursuant to
the Privacy Act 1993. If you would like to opt out please email support@hockeynz.co.nz.

ASSOCIATION SECTION

We the, Hockey Association: Auckland Grade (eg W40's): W55s

(each team must complete a form.):

- Consent to the information on this team registration form being collected by Hockey New Zealand for the purpose of tournament registrations and information for coaches and selectors and for the Hockey New Zealand player database.
- Advise that the players named on this team registration form are registered members of our Association or are bona fide Guest Players or Association of Origin Players
- Have advised the team of all Hockey New Zealand Policies (<https://hockeynz.co.nz/about-us/resources/policies-codes>) to the coach and manager of this team.
- Agree to abide by the Hockey New Zealand Tournament rules.

Signed Association Secretary/Chairperson _____

Date 12 / 2 / 2025

TEAM INFORMATION

ACCOMMODATION: Distinction Hotel
TEAM MANAGER NAME: Kirsten Spencer
TEAM MANAGER MOBILE: 022 699 0116

