

ENTRY FORM



NAME: _____

DATE OF BIRTH: ___/___/19___ AGE (as at 31 Dec 2018): _____

ADDRESS: _____ POSTCODE: _____

PHONE: _____ EMAIL: _____

YOUR LOCAL CLUB: _____ DIVISION: _____

NATIONAL PLAYER RATING (if known) _____

NOTE TOURNAMENT CONDITIONS 8 & 9. All players must be registered members of a State Tennis Association. (If not a current member, your details will be forwarded to TSNSW for contact by them.)

STATE PLAYER REGISTRATION NO: _____

STATE TENNIS SENIORS REGISTRATION NO: _____

PLEASE ENTER ME INTO THE FOLLOWING EVENTS:

EVENT <i>(E.G. "110 COMBINED MEN'S DOUBLES")</i>	PARTNER'S NAME <i>(They must fill out a separate entry)</i>	FEE <i>(\$15 PER EVENT PER PERSON)</i>
		\$15
+ Payment for Legends Dinner (Saturday Night 13 Oct) \$50 per head:		

PAYMENT ONLY BY DIRECT DEPOSIT (at time of entry)

Kiama Tennis Club: **BSB 032 689 ACC 540 467**
(Please list your SURNAME as payment reference)

TOTAL TO PAY: _____

YES – I HAVE PAID THIS AMOUNT BY DIRECT DEPOSIT

(PLEASE TICK)

Return THIS FORM ONLY to:

David Lehman, Tournament Secretary, PO Box 498, Kiama NSW 2533

OR email to: david.lehman@kiamatennis.org.au

Please read all tournament conditions. Any enquiries to David Lehman: 0481 155 200

\$15 PER EVENT. Closing date for entries: Fri 28 Sept 2018