



2019 Winter Competition Entry Form

RETURN TO: admin@wtc.co.nz
Waimairi Tennis Club

NAME OF TEAM

[Empty text box for team name]

CONTACT PERSONS

Table with 3 columns: Name, Ph (Bus.), Mob. (Two rows)

CONTACT MAIL ADDRESS FOR TEAM

Form with fields: Name, Address, Email Address, Alternative email address

NOMINATED TEAM MEMBERS

MOBILE NUMBERS

Table with 2 columns: Nominated Team Members (1-8), Mobile Numbers

Team fee: Is \$40 per night, payable in 2 instalments for the season. Total amount dependant on Number of teams & rounds played & will be advised by competition start date.

Please list below any players' medical allergies, medical conditions or injuries that the organisers should be aware of:

Name: _____ Condition: _____

Name: _____ Condition: _____

Name: _____ Condition: _____

We agree to abide by the Forsyth Barr 2019 Winter Competition rules and Waimairi Tennis Club's rules.

Team Captain's name: _____

Signature (Team Captain): _____ Date: _____

Many thanks for your participation.