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## Gateball

### Player / Member Registration Details Form

Club(s):		Doubles Name:	
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Please Tick the applicable Event:

State Championship	<input checked="" type="checkbox"/>	Inter Regional Championship	<input type="checkbox"/>
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ACA Identification Number	Member's Full Name	Membership Financial Yes / No	Qualified Referee Yes / No	Referee Accreditation Number

*The requirement for the details on the top part of this form to be completed are for insurance purposes and correct membership registration details*

### Next of Kin Details Form (in case of emergency)

Player Name	Name of Next of Kin	Relationship	Home Phone	Mobile Number

#### One Form Per Double Team Entered in the Event

This form is to be completed and emailed to the Gateball Director by Wednesday 6th May, 2015.

No double team shall be allowed to participate unless this form is completed.

*The requirement for the details on the bottom part of this form to be completed are for medical emergency purposes.*

The Player Registration Card is to be presented by the individual player at time of registration to the Venue Manager to confirm their currency of membership.

*The requirement for the details on the bottom part of this form to be completed are for medical emergency purposes.*