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Gateball

Official Doubles Event Entry Form

Club(s): _____ **Doubles Name:** _____

Please Tick the applicable Event:

State Doubles Championship **Inter Regional Championship**

Doubles Team Entry Fee: \$50.00

Club(s) Name: _____

Contact Person Address: _____

Post Code: _____

Contact Email: _____

Contact Phone Number: _____

Player (2) Names: _____

Contact Person: _____

Players will be required to assist with refereeing duties or must organise to have access to a CAQ recognised qualified referee to perform those duties.

Double numbers allowed two (2) only. **Venue:** Eildon Croquet Club **Date:** 16th & 17th September 2017

Indicate if practice is required on Friday 15th September 3:00 to 4:30 pm

<p>Please make Cheque Payable to: Croquet Association Queensland Inc Post Cheques to: Bruce McAlister 43 Macrae Street Coalfalls Q 4305</p> <p>Please email that entry paid by Cheque or EFT to: gateball@croquetqld.org treasurer@croquetqld.org</p> <p>Post Entry Form to: Bruce McAlister 43 Macrae Street Coalfalls Q 4305</p> <p>If paying by cheque send entry and cheque together Entries Close on: 1st September 2017 No late entries will be accepted.</p>	<p>Preferred payment is by bank transfer EFT to: Croquet Association Queensland Inc Bank of Queensland BSB: 124070 Account Number: 10010114 Payment Code Number: 8732 Paying by EFT Yes / No</p> <p>Please email team name, amount and event name to: treasurer@croquetqld.org and tourn@croquetqld.org</p> <p>OR Cheque Number _____ Enclosed for \$ _____</p>
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