



Sports House,
150 Caxton Street,
Milton Qld 4064

Ph: (07) 3876 5576
Fax: (07) 3876 5513
Email: info@croquetqld.org
Web: www.croquetqld.org

Gateball

Player / Member Registration Details

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

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

Next of Kin Details (in case of emergency)

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

One Form Per Double Team Entered in the Tournament

This form is to be completed and emailed to the Gateball Director by Friday 6th September, 2013.

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

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

The requirement for the details on this form to be completed are for Insurance purposes and correct membership registration details.