**EVENT NAME GATEBALL TRIPLES ENTRY FORM**

**EVENT DAYS AND DATES**

**Entries close CLOSING DATE**

* One form per team to be emailed by the team contact person to: Email address for where the entry form should be sent
* One payment of $XX must be paid by the team contact person at: Where the payment should be sent

**TEAM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CLUB NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Team Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Players Names** | **Contact phone number or email during tournament** | **ACA ID No.** | **Club where member is financial** | **Qualified Referee Y/N** | **Name of next of kin/emergency contact** | **Relationship** | **Emergency contact number** | **Permission to use Images****Y/N** |
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