**JAMBEROO CROQUET CLUB Inc**

**Keith Irvine Oval, Churchill Street, Jamberoo**

**Autumn Golf Croquet Tournament**

**Handicap Singles & Doubles**

**Monday 8th April to Thursday 11th April, 2019**

Round Robin. Played in Blocks

Handicap range 10 and below

**Open to any player affiliated to Croquet NSW**

|  |  |
| --- | --- |
| **32 players**Everyone plays 7 Singles and 7 Doubles gamesPartners will be allocated by the Tournament ManagerInitially, there will be a limit of 6 players from any one club. | **$50 per person**Includes tea, coffee and light refreshments daily.Lunch may be purchased at the clubhouse. |

***DON’T DELAY – BOOK TODAY!***

**Registration and Practice on Sunday 7th April from 2 pm**

If the weather is suitable, we will have an informal dinner for players at the lawns on Sunday evening

|  |  |  |
| --- | --- | --- |
|  | **Tournament Manager****Jamberoo Croquet Club****PO Box 122****Jamberoo NSW 2533****secretary.jcc@gmail.com** |  |

*Entries close10 March 2019***To register for this tournament**

* Complete an application form and forward it to **secretary.jcc@gmail.com**
* You will then be sent an “acknowledgement of receipt of your application”
* Pay your entry fee of $50 by either
	+ **EFT**
		- A/c Name **Jamberoo Croquet Club Inc.**
		- BSB **641 800**
		- Account number **200 824 034**

**OR**

* + **Post** your cheque to:
		- **Jamberoo Croquet Club Inc.**
		- **P O Box 122**
		- **Jamberoo NSW 2433**
* When your entry fee has been received you will be sent an “acknowledgement of payment”

NOTE: If the tournament is full when your application is received you will be placed on a waiting list and advised NOT to pay your registration fee. If a position becomes available you will be advised and upon receipt of your registration fee that slot will then be allocated to you.

NOTE:

There will be no refunds for cancellations made after the **24th March 2019**

**JAMBEROO CROQUET CLUB Inc**

**April Golf Croquet Handicap Tournament**

**Singles and Doubles**

**Monday 8th April to Thursday 11th April 2019**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phones |  |  |
| E-mail address |  |
| Club |  |
| Handicap |  | Index |  | ACA ID |  |
| Method of Payment | Cash | Cheque | Bank Transfer |
| Are you willing to referee one game a day? | Yes | No |

NOTE: This form can be completed on-line.