

**Toronto Croquet Club &**

**Lake Macquarie City Council present**

**LAKE MACQUARIE GAMES**

**GOLF CROQUET**

**DOUBLES: Monday 4th September, 2017**

**SINGLES: Tuesday 5th September, 2017**

**RICOCHET DOUBLES**

**Wednesday: 6th September, 2017**

**Closing Date: 18th August, 2017**

**Registration 8:00 Play starts 8:30**

**Sandwiches can be purchased each day.**

**GOLF CROQUET: Level play in seeded block play. Handicap cards will be used.**

* **Players may nominate in pairs, or singly and be partnered with someone.**
* **A limit of 6 players per club may be applied.**

**RICOCHET- Format to be advised once entry numbers are confirmed. 1.5 hour games.**

* **Handicaps (GC equivalent) will be used to assign blocks**
* **A limit of four players per club may need to be applied.**
* **Players may nominate in pairs, or singly and be partnered with someone.**
* **ENTRY FEE- GC: $15/person Doubles and $15/person Singles - morning and afternoon teas included.**
* **ENTRY FEE- RICOCHET: $15/person - morning and afternoon teas included.**
* **Enquiries: Kevin Davies – Ph. 02 49 592300**

**ENTRY FORM ATTACHED.**

**LAKE MACQUARIE GAMES:**

**SEPTEMBER, 2017**

NAME:----------------------------------------------------

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLUB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HANDICAP\_\_\_\_\_\_\_ INDEX \_\_\_\_\_\_\_\_\_\_\_\_\_\_

ENTER CHOSEN EVENT FEES:

GOLF CROQUET ENTRY FEE:

Singles .........

Doubles ……….

RICOCHET ENTRY FEE ……….

I AM/AM NOT ABLE TO ASSIST WITH REFEREEING

Forward to **Toronto Croquet Club** if payment made by direct debit to

BSB: 637000 Account No 781230863. (Please include your surname & initial)

**OR** Post to: **Tournament Coordinator, PO Box 369 TORONTO 2283;** WITH **FEE**

Please note late withdrawals may not be entitled to a refund of entry fee.

**Please use this form for Golf and/or Ricochet Events**

**PARTNER’S DETAILS:**

NAME:----------------------------------------------------

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLUB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HANDICAP\_\_\_\_\_\_\_ INDEX \_\_\_\_\_\_\_\_\_\_\_\_\_\_

ENTER CHOSEN EVENT FEES:

GOLF CROQUET ENTRY FEE:

Singles ……….

Doubles .........

RICOCHET ENTRY FEE ………..

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