**JAMBEROO CROQUET CLUB Inc**

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



**Spring Golf Croquet Tournament**

**Handicap Singles & Doubles**

**Monday 31st Oct. – Thursday 3rd Nov. 2022**

Open to any player affiliated to Croquet NSW

Round Robin. Played in 4 Blocks of 8 players

Handicap range 10 and below

Handicaps above 10 will be handicapped as a 10

**Tournament Manager:** Steve Milton

|  |  |
| --- | --- |
| **32 players**  Everyone plays 7 Singles and 7 Doubles games  Partners will be allocated by the Tournament Manager  Initially, 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 each day. |

***DON’T DELAY – BOOK TODAY!***

**Registration and Practice Sunday 30th October 1:30 – 3:30 pm**

|  |  |
| --- | --- |
| **Tournament Manager**  **Jamberoo Croquet Club**  **PO Box 122**  **Jamberoo NSW 2533**    **jcc\_secretary@jamberoocroquetclub.com.au** |  |

*Entries close 23:59 Sunday 16th OCtober 2022***To register for this tournament**

* Complete an application form (below) and forward it to [**jcc\_secretary@jamberoocroquetclub.com.au**](mailto:jcc_secretary@jamberoocroquetclub.com.au)
* You will then be sent an “**acknowledgement of receipt of your application**”
* **DO NOT MAKE ANY PAYMENT UNTIL YOU RECEIVE AN “acknowledgement of receipt”.**

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 RECEIVED after Sunday 23rd October



------------------------------------------------------------------------------------------------------------

**JAMBEROO CROQUET CLUB**

**Autumn Golf Croquet Tournament**

**Monday 31st Oct. – Thursday 3rd Nov. 2022**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | | | |
| Address |  | | | | | | | |
| Phones |  | | |  | | | | |
| E-mail address |  | | | | | | | |
| Club |  | | | | | | | |
| Handicap |  | Index |  | | | ACA ID |  | |
| Are you willing to assist with refereeing? | | | | | Yes | | | No |

NOTE: This form can be completed on-line.