





Singles and Doubles events with level play for Under 21s Doubles event with level play for Schools

Games may be double-banked Starting times will be advised when entries are known

Please register you interest by contacting

info@chatswoodcroquet.org.au

No registration fees apply, but entry forms must be sent to the above email no later than 11 November 2022

Tea or coffee and biscuits will be available. Meals will **not** be available but can be purchased from nearby shops

Enquiries to the Tournament Manager Bob Berry M: 0450 204 729





REGISTRATION FORM:

CNSW Golf Croquet Under 21 and Schools Championships at

Chatswood Croquet Club 699A Pacific Highway CHATSWOOD NSW 2067

Saturday 26 – Sunday 27 November: Timing will be advised after registrations close and the number of entries is confirmed

Practice Friday 25 November 2022 2pm to 4pm

Closing Date is 11 November 2022 Forms to be returned to info@chatswoodcroquet.org.au

Player Name:
DoB
Address:Postcode:
Phone: Mobile Home
Email:
Croquet Club Membership:
Photographs I agree / disagree that (name of player)during the tournament. This may be used to promote future croquet events.

Contact us:

Website: chatswoodcroquet.org.au

Facebook: http://www.facebook.com/chatswoodcroquet

Email: secretarychatswoodcroquet@gmail.com

The following Consent Form must be completed for players Under the Age of 18 years

Permission to play
Name of parent/guardian:
Address:
Mobile (emergency contact):
Email:
I agree that (name of player), has my consent to compete in the NSW Under 21/Schools Golf Croquet Championship being held at Chatswood Croquet Club on 26th & 27th November 2022. I acknowledge that whilst the event organisers have current Working with Children Checks (WWCC), it is expected that there will be people attending without that certification. It is noted that Chatswood Croquet Club subscribes to the National Integrity Framework, through Croquet NSW.
Allergies and Medications
Please be aware that (name of player), is allergic to
and takes the following medication
To the best of my knowledge, (name of player), has no medical condition, disability or injury that is likely to place the player at risk, when participating in croquet.
<u>Attendance</u>
I will / will not be accompanying (name of player) to Chatswood Croquet Club. If not please state who is to have guardianship.
Name Relationship to the player
Address Mobile (emergency contact)
I confirm that the above information is correct.
Signature of parent/guardian date
Completed forms to be returned to info@chatswoodcroquet.org.au
For further information please contact Rosemary Howard (0407 195 112) or Bob Berry (0450 204 729) or email info@chatswoodcroquet.org.au

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