

# Aoraki Secondary Schools Regional Squash Championships 9<sup>th</sup> May

Entry Form (Due 4<sup>th</sup> May)

School: \_\_\_\_\_

Team Name: \_\_\_\_\_ (If entering more than one team)

## Team Registration

Managers Name: \_\_\_\_\_

Contact Phone: Wk: \_\_\_\_\_ Mobile \_\_\_\_\_

(Please fill this form out in BLOCK CAPITALS)

Playing Number	Players Name	Grade	Code	Date of Birth
1				
2				
3				
R				
Playing Number	Players Name	Grade	Code	Date of Birth
1				
2				
3				
R				

**PLEASE PAY ON THIS INVOICE GST No 65-957-353**

Number of teams entering	\$30 per Team	Total
Total		

**ALL schools will be invoiced** unless they prefer to Direct Credited to 030887: 0296569: 00: 50

Aoraki Secondary School Sport  
PO Box 634  
Timaru

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Many Thanks

Bob Pringle  
R.S.D.  
C:\Documents and Settings\Sports Trust\My Documents\RSD\Squash\2012\squash\_entry\_form.doc