

Aoraki Secondary Schools Regional Table Tennis Championships 2011

1st August

Entry Form **DUE 7th July**

School: _____
 Teacher in Charge of Table Tennis _____
 Team Name: _____
 Team Name: _____ (If entering more than one team)

Team Registration

Managers Name: _____
 Contact Phone: Wk _____ Hm _____
 Mobile _____

(Please fill this form out in **BLOCK CAPITALS**)

Playing Number	Players Name	Playing Number	Players Name
1		1	
2		2	
Playing Number	Players Name	Playing Number	Players Name
1		1	
2		2	

Number of teams entering (\$12.00 p team)		Total
	Cn Teams () x 12	
	Total	

ENTRY FEE

Please either pay on the day OR we will **INVOICE** your School.

A.S.S. Sport sincerely appreciates Tracey O’Connell (S.C. Table Tennis) as Event Manager.

Bob Pringle
 (Aoraki R.S.D.)