MANLY CROQUET CLUB

48TH SEABREEZE ENTRY FORM

**Tuesday 4 – Saturday 15 October 2016**

***Entries are limited and close on Friday 19 August 2016***

**Entry Fee: $55.00**

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| **CONTACTS:**GOLF CROQUETASSOCIATION CROQUETEmailAddress Clubhouse Phone No. | Elizabeth Clarke 9907 0549 Sheila Perry 9982 3321 Colin Bradford 9913 1902David Gibson 9984 7524 or 0433 847 524mccseabreeze@gmail.com275B Pittwater Road, Manly 20959977 7216 |

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| **Name** |  |
| **Club Name** |  |
| **Your Address** |  |
| **Email** |  |
| **Home Phone No.** |  | **Mobile No.** |  |
| **Handicap** | **Golf Croquet** |  | **Association Croquet** |  |

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| **GOLF CROQUET: Tuesday 4 - Friday 7 October** |
|  *All handicaps welcome, but the highest used will be 10*  |
|  **HANDICAP ROUND ROBIN EVENTS:**1. **SINGLES -** Players will be divided into blocks according to handicap **(Please Tick)…..…………**
2. **DOUBLES - (Please Tick)…..…………**
	* NAME OF PARTNER …………………………………………………………… H’cap……………………
* Do you require a partner? Yes …………..
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| **ASSOCIATION CROQUET: Saturday 8 - Saturday 15 October** |
| *All handicaps welcome, but the highest used will be 20* |
| 1. **ROUND ROBIN SINGLES EVENTS, LEVEL PLAY** – Players will be divided into blocks according to handicap **(Please Tick)…..…………**
2. **KNOCKOUT HANDICAP SINGLES (Please Tick)…..…………**
3. **KNOCKOUT HANDICAP DOUBLES**  **(Please Tick)**…..…………
	* NAME OF PARTNER……………………………………………………………. H’cap……………………**.**
	* Do you require a partner? Yes ……..……
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 **ARE YOU WILLING TO REFEREE? G/C ……………. A/C ………………**

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| **GENERAL INFORMATION:**1. **LUNCH** – will be available for purchase. Complimentary tea, coffee and biscuits.
2. **PRESENTATION DAY** – All participants are invited to be our guests for Lunch on Saturday 15 October.
* For catering purposes, please indicate:
* I WILL BE ATTENDING………… I WILL NOT BE ATTENDING…………
* I WOULD LIKE TO BRING A GUEST/S………………….(please add $15 per person)
1. **PAYMENT** – By Cash/Cheque/Bank Transfer.
* Manly Croquet Club Inc, Bendigo Bank BSB 633 108, Account No. 1331 62313
* **\*\*\*\*PLEASE IDENTIFY PAYMENT BY SURNAME\*\*\*\***
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