THE CROQUET ASSOCIATION - TOURNAMENT ENTRY FORM

Please use separate entry forms for each entrant and each tournament

TITLE	FIRST NAME	SURNAME	CLUB

ADDRESS (FOR CORRESPONDENCE)

	POSTCODE	

EMAIL ADDRESS (FOR CORRESPONDENCE AND ACKNOWLEDGEMENT)

TELEPHONE NUMBER (S)	DATE OF BIRTH (IF UNDER 21)

TOURNAMENT VENUE	NAME OF TOURNAMENT	DATE

EVENT NO.	DESCRIPTION	ENTRY FEE	RESERVE LIST?
Please tick in final column if you wish to be put on a reserve list if the event is over-subscribed.	TOTAL FEE		

NAME AND HANDICAP OF DOUBLES PARTNER IF KNOWN AND APPLICABLE.	LUNCH REQUIRED	VEGETARIAN?
	Yes / No	**Yes / No**

Qualified Referee/Assistant Referee	**Yes / No**	Hoop setter willing to assist the ROT	**Yes / No**
I am a current CA Tournament Member (Tick whichever is applicable)		**or** This is my first CA Calendar Tournament	
My current handicap is (Assoc)		(Golf Croquet)	

(Please notify any handicap changes to event manager *before* the event)
I certify that I comply with any age, sex, handicap or other limiting conditions applying to this tournament, and enclose a cheque to cover the entry fee for all events entered.

Signed Date

(IF A POSTAL ACKNOWLEDGEMENT IS REQUIRED PLEASE COMPLETE THIS SECTION AND ATTACH A STAMPED SELF-ADDRESSED ENVELOPE)

YOUR NAME	TOURNAMENT VENUE	DATE

EVENT NO.	ACCEPTED	RESERVE	NOT DRAWN		EVENT NO	ACCEPTED	RESERVE	NOT DRAWN