



BOWLS TARANAKI (Inc.) Of Bowls New Zealand
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 Bank: TSB Bank A/c No: 15 3953-0249888-00

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TARANAKI MENS OPEN FOURS 2018

ENTRY FORM (FEE MUST ACCOMPANY EACH ENTRY)

Please send all completed entries to:
 The Executive Officer
 Bowls Taranaki,
 PO Box 4024
 New Plymouth

Please enter the following team for the above Tournament commencing Monday 15th January 2018 (BLOCK LETTERS PLEASE)

LEAD First Name _____ Surname _____ Club _____

Address _____

SECOND First Name _____ Surname _____ Club _____

Address _____

THIRD First Name _____ Surname _____ Club _____

Address _____

SKIP First Name _____ Surname _____ Club _____

Email _____

Address _____

Centre _____

Please find enclosed entrance fee for team of \$160.00 inclusive of GST

Yours faithfully _____ Date _____ Phone _____

(RECEIPTS WILL BE SENT WITH THE TOURNAMENT HANDBOOK IN LATE DECEMBER/EARLY JANUARY. IF YOU REQUIRE A RECEIPT NOW, PLEASE ENCLOSE A SELF ADDRESSED ENVELOPE - UNSTAMPED)

Composition of Teams:

Open to members of any club affiliated to Bowls NZ and must be bona fide active playing members of the Club they represent, provided that, in the case of teams from OUTSIDE THE TARANAKI CENTRE any such team may consist of MEMBERS of any Club or Clubs from the same Centre.

Teams entered from WITHIN THE TARANAKI CENTRE must be composed of members of ONE CLUB, however THE TOURNAMENT COMMITTEE reserves the right to approve the inclusion of one member from any other Club, affiliated to Bowls NZ, should they consider that circumstances warrant such variation.

When a player is a member of more than one Club, that player will be deemed to be a member only, of the Club for whom that player currently plays the majority of Centre Events.

The Tournament Committee has the right to permit variations to the composition of teams should it be of the opinion that circumstances warrant such variation.

ENTRIES CLOSE - WEDNESDAY 15th November, 2017 AT 5.00PM

ACCOMMODATION (Please complete if applicable)

(1) We have arranged our own accommodation at: _____

(2) We require a Rented House for _____

PLEASE TICK ONE BOX Mr Mrs PLEASE TICK ONE BOX Mr Mrs

PLEASE TICK ONE BOX Mr Mrs PLEASE TICK ONE BOX Mr Mrs

Particulars:

Double or Twin rooms for _____

Single Accommodation for _____

Date of Arrival in New Plymouth _____

Length of time required _____

(PLEASE NOTE: THE ALLOCATION OF HOUSES WILL BE ARRANGED AFTER THE CLOSING DATE FOR ENTRIES - 15 NOVEMBER 2017)

VISITING TEAM

Entry No.

Receipt No.