

WAVERLEY TENNIS HOT SHOTS MATCH PLAY PARTICIPANT ENTRY FORM

Term ____ Year _____

CLUB		
COMPETITION (circle)	ORANGE BALL	GREEN BALL
Player name		
Gender		
D.O.B		
Email		
Address		

Parent/guardian agreement

I have read, understood and agree to the terms and conditions in consideration of accepting my child to participate in the Waverley Tennis Hot Shots Match Play. I will ensure my child complies with the terms and conditions set out. I give the Consents and Release and Indemnity as set out in my own right and on behalf of and in respect of my child. I warrant that all information provided is true and correct.

SIGNED _____ DATE _____

PRINT NAME _____

CONTACT PHONE _____

PLAYER ENTRY FEE \$

Please return entry form and player entry fee to your club representative.

Payments can be made by cash, bank transfer or cheque.
Please discuss with your club representative.



Waverley and District Tennis Association
PO Box 459, Glen Waverley VIC 3150
ABN: 57 026 531 361