

2012 Competitions Nomination Form

Health Partners City Tennis

(Please tick all appropriate)

Monday	Venue	Tm 1	Tm 2	Tm 3	Tm 4	Division
Social Tennis	Memorial Drive Tennis Centre					
Men's Duos (Div 2)	Millswood					
Tuesday						
Social Tennis	Millswood					
Men's Duos (Div 1)	Millswood					
Wednesday						
Social Tennis	Millswood					
Thursday						
Junior Duos	Millswood					

Mid Week Ladies

(Please tick all appropriate)

	Venue	Summer	Winter	Division
Monday				
Mid Week Ladies	Millswood			
Wednesday				
Mid Week Ladies	Millswood			
Thursday				
Mid Week Ladies	Millswood			

Goodwood Tennis Club

(Please tick all appropriate)

	Venue	Summer	Winter	Division
Saturday				
Juniors	Millswood			
Saturday				
Seniors	Millswood			

	Nomination Fees	Team Fees
Social Tennis	\$20 per team	\$40 per match
Mid Week Ladies	\$58 per team	\$36 per match
Men's Duo Challenge	\$10 per team	\$20 per match
Junior Duo Challenge	\$12 per team	\$12 per match

*Health Partners members receive a 20% discount on all playing fees, excluding the nomination fee

***Nominations close 1 week before the competition starts.**

****Please note that all communication will be done via email and mobile so please ensure that you enter these details***

Team Name: _____

Team Captain

First Name: _____ Surname: _____

Address: _____ P/Code: _____

Phone: (h) _____ (m)* _____ Email*: _____

I would like to fill in¹: YES NO (please indicate which competition, which days, venue)

I would like to be informed about special offers for Millswood: Yes No

Player 2

First Name: _____ Surname: _____

Address: _____ P/Code: _____

Phone: (h) _____ (m)* _____ Email*: _____

I would like to fill in¹: YES NO (please indicate which competition, which days, venue)

I would like to be informed about special offers for Millswood: Yes No

Player 3

First Name: _____ Surname: _____

Address: _____ P/Code: _____

Phone: (h) _____ (m)* _____ Email*: _____

I would like to fill in¹: YES NO (please indicate which competition, which days, venue)

I would like to be informed about special offers for Millswood: Yes No

Player 4

First Name: _____ Surname: _____

Address: _____ P/Code: _____

Phone: (h) _____ (m)* _____ Email*: _____

I would like to fill in¹: YES NO (please indicate which competition, which days, venue)

I would like to be informed about special offers for Millswood: Yes No

Notes: You details will be securely placed on the internet should you decide to indicate your willingness to "fill-in"

Registration forms can be mailed to Tennis SA, PO Box 43, North Adelaide SA 5006

Fax: 8212 6518

Email: Ryan Peremiczko rperemiczko@tennis.com.au