



PENINSULA TENNIS ASSOCIATION INC.
Reg No A0042564A ADN 21704818402

CLUB: _____ CLUB PHONE _____

COURT LOCATION: _____ MELWAY REF: _____

NO. COURTS AVAILABLE (incl Finals) _____ COURT SURFACE: _____

NAME AND TELEPHONE NUMBER OF:

PRESIDENT: _____ PHONE: _____ MOBILE: _____

SECRETARY: _____ PHONE: _____ MOBILE: _____

CLUB POSTAL ADDRESS (FOR CORRESPONDENCE NOT SENT VIA CLUB EMAIL INFO BOX.

ADDRESS: _____ VIC 3 _____

SENIOR COMPETITION CO-ORDINATOR CORRESPONDENCE IS TO BE FORWARDED TO:

NAME: _____

ADDRESS: _____ VIC. 3 _____

PHONE: _____ MOBILE: _____ EMAIL: _____

COMP PLANNER CONTACT: NAME: _____ PHONE: _____

EMAIL: _____

JUNIOR COMPETITION CO-ORDINATOR CORRESPONDENCE IS TO BE FORWARDED TO:

NAME: _____

ADDRESS: _____ VIC 3 _____

PHONE: _____ MOBILE: _____ EMAIL: _____

COMP PLANNER CONTACT: NAME: _____ PHONE: _____

EMAIL: _____

MIDWEEK COMPETITION CO-ORDINATOR CORRESPONDENCE IS TO BE FORWARDED TO:

NAME: _____

ADDRESS: _____ VIC 3 _____

PHONE: _____ MOBILE: _____ EMAIL: _____

COMP PLANNER CONTACT: NAME: _____ PHONE: _____

EMAIL: _____

CLUB COACH:

NAME: _____ QUALIFICATION: _____

ADDRESS: _____ VIC. 3 _____

PHONE: _____ MOBILE: _____ EMAIL: _____



PENINSULA TENNIS ASSOCIATION INC.
Rus N° A 0042564A ADN E170481846E

SENIOR / JUNIOR COMPETITION

WINTER / SUMMER (YEAR).....

REGISTRATION ACCOUNT

Closing Date:

PLEASE POST ALL FORMS AND CHEQUE TO:

**RUSSELL HART
21 LEURA AVE
ROSEBUD 3939.**

NO ENTRY WILL BE ACCEPTED WITHOUT PAYMENT.

CLUB:

SENIORS

Total Number of Senior Teams:

Mixed Doubles: Mens Doubles: Ladies Doubles: Veteran Mixed Doubles:

Mens Singles: Ladies Singles: Mixed Singles:

No OF FIXTURES REQUIRED:

**No of SENIOR TEAMS ENTERED ,..... @ \$25.00 PER TEAM \$.....
Cash / Cheque enclosed \$.....**

JUNIORS

Total Number of Junior Teams:

Les Moss: Craig Watson: Loretta Thrupp : Boys Singles:

Girls Singles:

Mixed Doubles: Boys Doubles: Girls Doubles:

No OF FIXTURES REQUIRED:

**No of JUNIOR TEAMS ENTERED@ \$25.00 PER TEAM: \$.....
Cash / Cheque enclosed \$.....**

CLUB COACH DETAILS:

Name..... Email Address:

Phone Number.....

I HEREBY CERTIFY THAT ALL PLAYERS ARE BONA FIDE MEMBERS OF THE ABOVE CLUB.

**SIGNED:
President / Secretary.**



PENINSULA TENNIS ASSOCIATION INC.
Rte 9 N7A0542554A ABN 51704815462

SENIOR COMPETITION ENTRY FORM

NAME OF CLUB _____ SEASON _____ YEAR _____

FORMAT: MX – MIXED DOUBLES MD – MENS DOUBLES
OS – OPEN SINGLES LD - LADIES DOUBLES

FORMAT AND SECTION APPLIED FOR: _____

ALL DETAILS BELOW MUST BE COMPLETED. FORMS NOT FULLY COMPLETED WILL BE RETURNED.

	NAME AND TENNIS VICTORIA REG NO.	AGE (IF JUNIOR)	JUNIOR SECTION LAST PLAYED	SECTION PLAYED LAST WINTER	SECTION PLAYED LAST SUMMER	OFFICE USE ONLY		ALTERNATE VENUE FOR MATCHES IF NOT PLAYED AT MAIN CLUB COURTS.
						SECTION GRADED	SECTION TIED	
1	61							
2	61							
3	61							
4	61							
5	61							
6	61							MELWAYS REF. MAP: REF:

I CERTIFY THAT THE PLAYERS NAMED ABOVE ARE REGISTERED MEMBERS OF THE _____ TENNIS CLUB AND HAVE AGREED TO PLAY REGULARLY.

Signature of Club Committee Member. _____

REMARKS: (Complete on reverse side if insufficient space)



PENINSULA TENNIS ASSOCIATION INC.
Rtn N°A0C42584A ABN 21704815465

NAME OF CLUB _____

GRADE APPLIED FOR: GIRLS/ BOYS/ MIXED: _____

Players must be nominated in order of merit. Players must play in order of merit
Any change in order of merit can only be made with the sanction of the Peninsula Tennis Association Committee or Grading Committee.

Any change in order of merit can only be made upon application setting out reasons to the Peninsula Tennis Association Committee together with an application fee of \$20.00

Players nominated on this form must not play in a lower grade than the one graded unless approved by the Peninsula Tennis Association Grading Committee.

ALL DETAILS BELOW MUST BE COMPLETED. FORMS NOT FULLY COMPLETED WILL BE RETURNED.

	SURNAME	GIVEN NAME	DATE OF BIRTH.	CLUB	ASSOC & CURRENT SECTION	POSITION IN TEAM	SETS WON	SETS LOST	CTR RANKING	TENNIS VICTORIA REGISTRATION NUMBER.
1										61
2										61
3										61
4										61
5										61
6										61

PLEASE PROVIDE FULL DETAILS OF PREVIOUS PERFORMACES (INCLUDING PENNANT AND JUNIOR PENNANT)

PENNANT GRADE: _____ PLAYER NO.: _____ WIN _____ LOSS _____

JUNIOR PENNANT GRADE: _____ PLAYER NO. _____ WIN _____ LOSS _____

ANY OTHER RELEVANT RESULTS: _____

I CERTIFY THAT THE PLAYERS NAMED ABOVE ARE REGISTERED MEMBERS OF THE _____ TENNIS CLUB AND HAVE AGREED TO PLAY REGULARLY.

Signature of Club Committee Member. _____

REMARKS: (Complete on reverse side if insufficient space)

ALTERNATIVE VENUE: _____ MELWAYS REF. _____