

CLUBS NEW ZEALAND 2025 SOUTH ISLAND OPEN 8 BALL TOURNAMENT

TUESDAY 3rd TO SATURDAY 7th JUNE 2025
HOSTS: RICHMOND CLUB / 75 LONDON STREET, RICHMOND, CHCH

ALL ENTRIES TO BE RECEIVED BY FRIDAY 2nd MAY 2025

Club Name: (PRINT) _____
 No. of Pairs: _____ @ \$140.00 per pairs = we enclose \$ _____
 No. of Singles: _____ @ \$70.00 per player = we enclose \$ _____
 (ALL ENTRY FEES INCLUDE GST and ADMINISTRATION FEES) Total Amount Enclosed \$ _____

Bank Electronic Payments Payable to – RWMC Club Pool Section – Account 03-0859-0300380-000

Bank Payments Particulars = Club Name / Bank Payment Reference = SI Ladies

Email Entries to richmondpoolsection@gmail.com

No Credit Card Payments Accepted Entry fees are non-refundable, unless extenuating circumstances arise .

PLEASE WRITE NAMES & SURNAMES OF ALL ENTRANTS (PRINT Clearly)

Pairs Names	Singles Names
1.	1,
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

Membership: I hereby confirm that all persons listed on this entry form are full financial members of the club stated above.

Declaration: I hereby confirm that all these entrants are amateur sportspeople, and this statement is made in view of the income tax requirements Prize money over \$500.00 is taxable at 20% withholding payment. IRD number required

Indemnity: All participants enter at their own risk. Neither the Club, sponsors nor organizers shall be liable for any loss injury or misadventure however arising.

Club Managers Name: X _____ Signed: X _____

Players Representatives Name: _____

Representatives Contact Number: (Mobile) _____

The field will be made up of all entries received that are postmarked prior to or on the closing date. Vacancies into the tournament, after the closing date, will be allocated by the tournament organizer on a first paid first accepted basis. The tournament organizer will maintain an up-to-date list of paid reserves for entry into the field should there be any withdrawals after closing date, that being Friday 5 th May 2023

OFFICE USE ONLY

POST DATE _____ DATE OF RECEIPT _____ DATE PAID _____

Registration # Pairs _____ Registration # Singles _____

TRANSPORT REGISTER

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If you require transport from and to the domestic terminal of the Christchurch Airport or Bus depot, this form MUST be completed and emailed or posted to:

Tournament Convenors— Katrina McKenzie / Jan Mareko Katrina: 027 4966845
Richmond Club Jan: 0275205573
75 London Street Email: richmondpoolsection@gmail.com
Christchurch 8013

Courtesy coaches will be available for transportation between the Club and Accommodation during the Tournament

PLEASE ADVISE BY NO LATER THAN FRIDAY 2nd May 2025

Club _____

Contact Person _____

Contact Number Ph _____ Mobile _____

Email _____

ARRIVAL

Arrival Date _____ Arrival Time _____

Airline _____ Flight Number _____

Bus _____ No. of Persons _____

Accommodation Name & Address _____

Special Needs _____

DEPARTURE

Departure Date _____ Departure Time _____

Airline _____ Flight Number _____

Bus _____ No. of Persons _____

Accommodation Name & Address _____