

Team List (players names)

This list should be completed and returned to the Tournament Office before your first game of the weekend is played. Failure to do so may mean loss of points.

TEAM NAME

Is this the first time your team has entered Whitefield?

Yes

No

Division Type
(Please tick one)

Men

Mixed

Women

Division Number
(Please tick one)

Div 1/2

Div 1

Div 2

Div 3

Div 4

Players Details (Clearly Please!)

	Name		✓ Please tick	
1		First time at Whitefield?	<input type="radio"/> Yes	<input type="radio"/> No
2		First time at Whitefield?	<input type="radio"/> Yes	<input type="radio"/> No
3		First time at Whitefield?	<input type="radio"/> Yes	<input type="radio"/> No
4		First time at Whitefield?	<input type="radio"/> Yes	<input type="radio"/> No
5		First time at Whitefield?	<input type="radio"/> Yes	<input type="radio"/> No
6		First time at Whitefield?	<input type="radio"/> Yes	<input type="radio"/> No
7		First time at Whitefield?	<input type="radio"/> Yes	<input type="radio"/> No
8		First time at Whitefield?	<input type="radio"/> Yes	<input type="radio"/> No
9		First time at Whitefield?	<input type="radio"/> Yes	<input type="radio"/> No
10		First time at Whitefield?	<input type="radio"/> Yes	<input type="radio"/> No
11		First time at Whitefield?	<input type="radio"/> Yes	<input type="radio"/> No
12		First time at Whitefield?	<input type="radio"/> Yes	<input type="radio"/> No

Team Contact
(Please print)

Signed

Mobile number for team contact person during tournament