

KNOX DISTRICT NIGHT TENNIS ASSOCIATION Inc.

Reg No. A0023228G

Team Application Form

Season: 2/2020

Night:

CLUB NAME:		HOME COURTS:		
SECTION Applied for:	TEAM CAPTAIN:	PHONE No:		
		MOBILE:		
		EMAIL:		
PLAYER		<i>Assoc. Use</i>	<i>Male/ Female</i>	*Playing standard or last grades played KDNTA
<i>First Name</i>	<i>Surname</i>			
1				
2				
3				
4				
5				
6				
7				
8				
Emergencies:				

** If a player has **not previously played in KDNTA** competition, please state other competition played or give a comparison with another player. Please give as much detail as possible.*

PLEASE NOTE:

1. Application may be rejected if requested information is incomplete.
2. If more than one entry is received from a club for the same section, the Association will allocate team codings
3. The Association reserves the right to regrade teams as it sees fit.
4. Entries should be lodged on the official application form along with payment and Summary Form.
5. Clubs must have adequate Insurance cover.

Representative's Name (Block letters)

X _____
Representative's Signature

Comments/Requests: