

# Additional Entrant

*As an Additional Entrant you must have read and understood the information on the Entry Form*

|                                |  |
|--------------------------------|--|
| <b>ORGANISATION</b>            |  |
| <b>SPORT</b>                   |  |
| <b>EVENT &amp; AGE CLASS</b>   |  |
| <b>TEAM NAME</b> if applicable |  |

**ENTRANT BEING ADDED**

|   |   |                      |                                  |
|---|---|----------------------|----------------------------------|
| <b>NAME</b>                                 | First Name  | Last Name            |                                  |
|   | <input type="text"/>                                      | <input type="text"/> |                                  |
| <b>BIRTHDAY</b><br>(Required)               | Day   | Month                | Year                             |
|   | <input type="text"/>                                      | <input type="text"/> | <input type="text"/>             |
|   |   |                      | SEX                              |
|   | <input type="text"/>                                      | <input type="text"/> | <input type="text"/>             |
| <b>MAILING ADDRESS</b>                      | Post Box or Street  |                      | <b>DAY PHONE</b> Code and Number |
|   | <input type="text"/>                                      |                      | <input type="text"/>             |
|   | Suburb or City  | State/Territory      | Postcode                         |
|   | <input type="text"/>                                      | <input type="text"/> | <input type="text"/>             |
| <b>VERIFIED GOLF HANDICAP</b> if Golf entry | Golf Club Name & Tel + Golf Link # (Registered Golf ONLY) |                      |                                  |
|   | <input type="text"/>                                      | <input type="text"/> |                                  |

  

Above Addition Authorised by Corporate Team Leader  Team Captain  Withdrawn Entrant

Name \_\_\_\_\_ Phone/Mobile# \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT NOTES**

- ▶ No Additions after Mar 2 except at the discretion of the Games
- ▶ Entry Fee must accompany this form + \$25 Late Fee after Mar 2
- ▶ This form will not be processed without the appropriate Fees
- ▶ Swapping players between teams is not allowed
- ▶ All Fees quoted on Games materials include GST

|                             |          |
|-----------------------------|----------|
| ENTRY FEE as per Entry Form | \$       |
| +\$25 LATE FEE after Mar 2  | + \$25   |
| <b>TOTAL FEE ENCLOSED</b>   | <b>=</b> |

**CREDIT CARD NUMBER**

Name on Card

**EXPIRY DATE**  /

Email Address if Receipt Required



Return via the following:

Tel **02 9440 4847**  
 Email **nswcorporategames@australiandiabetescouncil.com**  
 Mail **PO BOX 887 St Ives NSW 2075**

Office use only

|                                 |                              |                              |
|---------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> OFFICE | <input type="checkbox"/> SC  | Date _____ by _____          |
| <input type="checkbox"/> CA     | <input type="checkbox"/> DD# | <input type="checkbox"/> CC# |
| AMT _____                       | TF _____                     | TOTAL _____                  |

|                |            |
|----------------|------------|
| Approved _____ | Date _____ |
| DBASE# _____   | Date _____ |

|                    |            |
|--------------------|------------|
| Receipt Sent _____ | Date _____ |
| P'ment Ent _____   | Date _____ |