NSW Corporate Games®

Replacement or Withdrawal

Australian Diabetes Council

As a Replacement Entrant you must have read and understood the information on the Entry Form

ORGANISATION

SPORT

EVENT & AGE CLASS

TEAM NAME if applicable

ENTRANT OUT

FIRST NAME

LAST NAME

ENTRANT IN

ONLY to be completed if Replacing Entrant

NAME First Name / Last Name

BIRTHDAY (Required) Day / Month / Year **SEX**

Email

MAILING ADDRESS Post Box or Street

DAY PHONE Code and Number

Suburb or City / State/Territory / Postcode

VERIFIED GOLF HANDICAP if Golf change

Golf Club Name & Tel + Golf Link # (Registered Golf ONLY)

Above Change Authorised by Corporate Team Leader ☐ **Team Captain** ☐ **Withdrawn Entrant** ☐

Name_____ **Phone/Mobile#**_____

Signature_____ **Date**_____

IMPORTANT NOTES

- No Replacements/changes after Mar 2 except at the discretion of the Games
- Replacements/changes after Mar 2 incur a $25 Fee per change
- This form will not be processed without the appropriate Fees
- Swapping entrants between teams is not allowed
- All Fees quoted on Games materials include GST

	After FEB 17 & Before MAR 2	After MAR 2
WITHDRAWAL MINUS $25	INDIVIDUAL ENTRY FEE	NO REFUND
REPLACEMENT OR CHANGE	NO CHARGE	$25

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

☐ OFFICE ☐ SC Date_____ by_____

☐ CA ☐ DD#_____ ☐ CC#_____

AMT_____ TF_____ TOTAL_____

Approved_____ Date_____

DBASE# _____ Date_____

Receipt Sent_____ Date_____

P'ment Ent_____ Date_____

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