



Replacement or Withdrawal

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



ORGANISATION	
SPORT	
EVENT & AGE CLASS	
TEAM NAME if applicable	
ENTRANT OUT	FIRST NAME
	LAST NAME

ENTRANT BEING ADDED

NAME	First Name											Last Name										
	Day	Month	Year	SEX	EMAIL ADDRESS																	
BIRTHDAY (Required)																						
MAILING ADDRESS Post Box or Street					DAY PHONE Code and Number																	
					State/Territory					Postcode												
Suburb or City																						

REGISTERED GOLFERS ONLY must provide all information GOLF LINK NO _____ GOLF CLUB _____ HC _____

Above Addition Authorised by Corporate Team Leader Team Captain Withdrawn Entrant

Name _____ Contact # _____

Signature _____ Date _____

IMPORTANT NOTES

- No Additions after Feb 18 except at the discretion of the Games
- Replacements/changes after March 4 incur a \$25 fee per change
- 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

	After FEB 18 & before MAR 4	After MAR 4
WITHDRAWAL MINUS \$25	INDIVIDUAL ENTRY FEE	NO REFUND
REPLACEMENT OR CHANGE	NO CHARGE	\$25

SUBMITTING THIS FORM

AFTER MAR 4

- Take this completed Form to a Games SuperCentre
- Go to the Computer Changes Desk
- Bring payment

BEFORE MAR 4

Send to the Games via the following options ONLY

F 9552 9992

E nswcorporategames@diabetesnsw.com.au

Credit Card Number	Expiry Date mm/yy
<input type="text"/>	<input type="text"/>

Name on Card

Email Address for Receipt



OFFICE USE ONLY

Date	By	PMT
AMT	IDCRD	



Return via the following: Tel 1300 727 194 • Fax 9552 9992 • Email nswcorporategames@diabetesnsw.com.au • Mail GPO BOX 9824 Sydney NSW 2001