

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									
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 <input type="checkbox"/> Team Captain <input type="checkbox"/> Withdrawn Entrant <input type="checkbox"/>												
Name _____		Phone/Mobile# _____										
Signature _____		Date _____										
IMPORTANT NOTES												
<ul style="list-style-type: none"> No Replacements/changes after Feb 19 except at the discretion of the Games Replacements/changes after Mar 5 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 		<table border="1"> <thead> <tr> <th></th> <th>After FEB 19 & Before MAR 5</th> <th>After MAR 5</th> </tr> </thead> <tbody> <tr> <td>WITHDRAWAL MINUS \$25</td> <td>INDIVIDUAL ENTRY FEE</td> <td>NO REFUND</td> </tr> <tr> <td>REPLACEMENT OR CHANGE</td> <td>NO CHARGE</td> <td>\$25</td> </tr> </tbody> </table>			After FEB 19 & Before MAR 5	After MAR 5	WITHDRAWAL MINUS \$25	INDIVIDUAL ENTRY FEE	NO REFUND	REPLACEMENT OR CHANGE	NO CHARGE	\$25
	After FEB 19 & Before MAR 5	After MAR 5										
WITHDRAWAL MINUS \$25	INDIVIDUAL ENTRY FEE	NO REFUND										
REPLACEMENT OR CHANGE	NO CHARGE	\$25										
BANK DETAILS CBA 062231 905008 Evidence of EFT must be included – No later than MAR 5												
CREDIT CARD NUMBER												
Name on Card _____	EXPIRY DATE ____/____/____											
Email Address if Receipt Required _____												



Return via the following:

Tel 1300 727 194
Fax 9552 9992

Email nswcorporategames@diabetesnsw.com.au
Mail GPO BOX 9824 Sydney NSW 2001

ABN 84001 363 766

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<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 _____