

# Special Request Form



To • NSW Corporate Games

Date • \_\_\_\_\_

ALL details on this form must be complete

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

## IMPORTANT NOTE – START TIMES ARE NOT GUARANTEED

The Games will do its best to give entrants/teams their requested start time but can not guarantee this request

This form must be submitted no later than the Entry Deadline 17th February 2012

### REQUEST eg START TIME OR VENUE

\_\_\_\_\_  
\_\_\_\_\_

Authorised by  (to be one of the following)    Corporate Team Leader     Team Captain     Individual

Name \_\_\_\_\_

Contact Details \_\_\_\_\_  
Address + Phone  
and  
Fax or Email \_\_\_\_\_

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

Return before the Entry Deadline or attach to your completed Entry Form



Return via the following:

Tel 02 9440 4847  
Email nswcorporategames@  
australiandiabetescouncil.com  
Mail PO BOX 887 St Ives NSW 2075  
Web corporategames.net.au/nsw  
ABN 84 001 363 766  
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Date Received _____
Information entered in database _____ by _____ date _____
Sheet transferred to Sport Book _____ by _____ date _____