



Replacement or Withdrawal

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																																
<table style="width: 100%; text-align: center;"> <tr> <td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td> </tr> <tr> <td>Day</td><td>Month</td><td>Year</td><td>SEX</td><td colspan="4">Email</td> </tr> </table>	□	□	□	□	□	□	□	□	Day	Month	Year	SEX	Email				<table style="width: 100%; text-align: center;"> <tr> <td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td> </tr> <tr> <td>Day</td><td>Month</td><td>Year</td><td>SEX</td><td colspan="4">Email</td> </tr> </table>	□	□	□	□	□	□	□	□	Day	Month	Year	SEX	Email			
□	□	□	□	□	□	□	□																										
Day	Month	Year	SEX	Email																													
□	□	□	□	□	□	□	□																										
Day	Month	Year	SEX	Email																													

BIRTHDAY (Required)

MAILING ADDRESS Post Box or Street

<table style="width: 100%; text-align: center;"> <tr> <td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td> </tr> </table>	□	□	□	□	□	□	□	□	□	□	<table style="width: 100%; text-align: center;"> <tr> <td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td> </tr> <tr> <td>DAY PHONE</td><td>Code</td><td>and</td><td>Number</td><td colspan="4"></td> </tr> </table>	□	□	□	□	□	□	□	□	DAY PHONE	Code	and	Number				
□	□	□	□	□	□	□	□	□	□																		
□	□	□	□	□	□	□	□																				
DAY PHONE	Code	and	Number																								

Suburb or City

<table style="width: 100%; text-align: center;"> <tr> <td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td> </tr> </table>	□	□	□	□	□	□	□	□	□	□	<table style="width: 100%; text-align: center;"> <tr> <td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td> </tr> <tr> <td>State/Territory</td> <td>Postcode</td> </tr> </table>	□	□	State/Territory	Postcode	<table style="width: 100%; text-align: center;"> <tr> <td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td> </tr> <tr> <td>State/Territory</td><td>Postcode</td><td colspan="2"></td> </tr> </table>	□	□	□	□	State/Territory	Postcode		
□	□	□	□	□	□	□	□	□	□															
□	□																							
State/Territory	Postcode																							
□	□	□	□																					
State/Territory	Postcode																							

VERIFIED GOLF HANDICAP if Golf change Golf Club Name + Golf Link # required

Above Change Authorised by Corporate Team Leader Team Captain Withdrawn Entrant

Name _____ Phone/Mobile# _____

Signature _____ Date _____

IMPORTANT NOTES

- ▶ No Replacements/changes after May 1 except at the discretion of the Games
- ▶ Replacements/changes after May 1 incur a \$25 Fee per change
- ▶ This form will not be processed without the appropriate Fees
- ▶ Additional \$1 transaction Fee applies to Credit Card payments
- ▶ Swapping entrants between teams is not allowed
- ▶ All Fees quoted on Games materials include GST

	After APRIL 17 & Before MAY 1	After MAY 1
WITHDRAWAL MINUS \$25	INDIVIDUAL ENTRY FEE	NO REFUND
REPLACEMENT OR CHANGES	NO CHARGE	\$25

BANK DETAILS ANZ 012 141 8527 93733 Evidence of transfer must be included – No later than May 1

CREDIT CARD NUMBER

<table style="width: 100%; text-align: center;"> <tr> <td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td> </tr> </table>	□	□	□	□	□	□	□	□	□	□	<table style="width: 100%; text-align: center;"> <tr> <td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td><td style="width: 12.5%;">□</td> </tr> <tr> <td>EXPIRY DATE</td><td>/</td><td>□</td><td>□</td> </tr> </table>	□	□	□	□	EXPIRY DATE	/	□	□
□	□	□	□	□	□	□	□	□	□										
□	□	□	□																
EXPIRY DATE	/	□	□																

Name on Card _____

Email Address if Receipt Required _____

Return to Games Office via the following:

Tel 1300 301 418
 Fax 1300 301 419
 Email QCG@corporategames.net.au
 Web corporategames.net.au
 Mail PO BOX 15666 City East QLD 4002 ABN 64 056 480 543

Office use only

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

Approved _____	Date _____
PDOX# _____	Date _____

Receipt Sent _____	Date _____
MYOB Ent _____	Date _____

Registered Trade Mark of Ipro International Australia